**UNIVERSITY OF WASHINGTON COUNSELING CENTER (UWCC)**

**CRISIS SERVICES REFERRAL FORM**

**STUDENT’S** FIRST NAME LAST NAME DATE

**YOUR** FIRST NAME LAST NAME

DEPARTMENT / PROGRAM PHONE

RELATIONSHIP TO STUDENT (e.g., academic advisor, RD, friend, family member, staff, faculty)

\_\_\_Y \_\_\_ N Did you discuss with the student why you brought them to the Counseling Center?

***Any information that you provide may be shared with the student.***

Please help us determine how we can best help the student that you accompanied by checking all of the descriptions below that apply to the student’s concerns:

 Thoughts of seriously harming self and/or attempting suicide

 Thoughts of seriously harming someone else

 Death of someone close or a loved one

 Hearing voices or seeing things that others do not

 Physical or sexual assault, harassment, abuse, stalking

 Issue not listed above:

Please briefly describe the concerns that led you to accompany the student to the Counseling Center: