SAINT FRANCIS MEDICAL CENTER COLLEGE OF NURSING

Peoria, IL

Referral Form

Date: _____

Your Information:

Name: _____

Email: _____

Student's Information:

Name: _____

Email: _____

Program/Year: _____

Concerns/Observations:

- ☐ Academic Distress
- ☐ Anxious
- ☐ Depressed
- ☐ Extremely Emotional
- ☐ Demanding/Pressuring
- ☐ Clinical Experience
- ☐ Potential harm to self and/or others
- ☐ Risk of class failure
- ☐ Other:

_____

_____

_____

Please describe your concerns:

_____

_____

Other Information:

Have you talked to the student about counseling? If so, is the student in agreement? If not, do you plan on talking to the student?_____

Is the student receiving other services? _____

Anything else you would like me to be aware of?

_____

_____

_____

Reminder: As the CON counselor, I am required to follow all HIPAA laws and regulations, which means that I cannot confirm or deny a student's interaction with me without a release of information.