



OAKWOOD UNIVERSITY

HEALTH AND COUNSELING SERVICES

Referral Form

Name of student being referred: _____

Residence Hall where student resides: _____

Phone Numbers: _____

Student I.D.: _____

Primary issues of concern:-

Staff Name: _____

Phone Number: _____

Referral Date: _____

Additional Comments:

Person referring would like:- (check one)

- No further information
- Treatment compliance
- Treatment recommendation
- Progress Report
- Other

I have discussed the referral with the person being referred _____ yes _____ No

Note:- When referring for counseling, please ask them to contact Health and Counseling services within 24 hours to make an appointment.