SAN DIEGO MESA COLLEGE

Student Health Services Referral Form for Student of Concern

Phone: 619-388-2774 Email: dwhite002@sdccd.edu Office: I4-209

REFERRAL PROCESS:

- 1. Complete Student of Concern Referral Form and email to Derrick White at Student Health Services.
- 2. Faculty and staff will be notified when referral form has been received.
- 3. In order to maintain confidentiality, Student Health Services may need to limit or keep private information discussed after the referral is processed.

Student Name:	ID #
Student contact numbers (cell)	(other) Relationship to student
Person completing referral	Relationship to student
Alternate contact info	
Reason for referral: (check all that apply)	
 ☐ Academic difficulty ☐ Anxiety Attack ☐ Concerns about what they are writing ☐ Cuts or burns, bruising ☐ Depressed affect, sad, crying ☐ Dietary concerns 	 ☐ Hyperactive, hard to sit still ☐ Inappropriate language ☐ Limited resources: clothing, food, hygiene ☐ Poor hygiene ☐ Poor social skills ☐ Relationship problems
Difficulty focusing	Social isolation
Emotional Outbursts	Student wants help with alcohol/drug use
Frequent absences	Other
Frequent injuries	
Have you discussed these concerns with the student: Yes ☐ No ☐ ? If not, please explain why?	
Briefly describe concern(s) that led to this referral. Only report the facts. Avoid making judgments and/or opinion statements.	
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Call College Police (619) 388-6405 for incidents that warrant immediate attention (e.g. fights, loud arguments, threats and crimes in progress.)