

Referral to Counseling Services at The Wellness Center

To make a referral to the counseling office please fill out this form completely. Fax or send as an email attachment to the appropriate office listed at the bottom of this form. Keep a copy for your records. Please notify the student of the referral and provide them with the counseling office contact information and encourage them to reach out to the counseling center as well. Please inform the student the counseling center will use the information provided to make contact with them.

Student Name: _____

“U” number: _____

Date of Referral: _____

Students Phone #: _____

Referral’s Name: _____

Relationship to Student (ex. professor, friend, RA) _____

Reason(s) for Referral (*Examples: excessive absenteeism from classes, extreme changes in behavior, acknowledgement of emotional distress...*) _____

Suicidal/Homicidal Situations: In situations in which a student is threatening to kill themselves or others, please contact University Police *immediately* at 315-792-7172. It is **not** necessary to fill out this form in the event of a suicide or homicide threat as University Police will first take the necessary steps to ensure the safety of the student and others and then they will contact our office if applicable.

Please email or fax all referral forms to:
Bonnie Williams-Medical Assistant/Attn: Counseling Appointment
Phone: 315-792-7172
Fax: 315-792-7371
Email: wellnesscenter@sunypoly.edu