



## Solano Community College Wellness Counseling Referral Form

<b>Date of Referral:</b>	Student Name (Last, First):
Referred by: <input type="checkbox"/> Student(self-referral)	Student ID#
<input type="checkbox"/> Program (specify):	Student phone number:
<input type="checkbox"/> Instructor (name):	Student email address:
<input type="checkbox"/> Other (specify):	Student is a minor: Yes No
If not referred by student, please let student know you are submitting referral	

Bilingual Counselor / Therapist Needed: Yes \_\_\_ No \_\_\_ Preferred \_\_\_ (If "Yes" or "Preferred", Language: \_\_\_\_\_)

**Reasons for Referral (check all that apply):**

<input type="checkbox"/> Depression	<input type="checkbox"/> Substance Use/Abuse
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Personal Crisis/Trauma Past or Present
<input type="checkbox"/> Dealing with Loss/Grief	<input type="checkbox"/> Behavioral Issues
<input type="checkbox"/> Other, specify:	

Description of reason for referral for therapy:

Other agencies / professionals involved with student (if known):

Other relevant information (if any):

**Times Available to be seen:**

Day/Time	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm
Monday									
Tuesday									
Wednesday									
Thursday									
Friday								-----	-----

Please turn in this form to Counseling Services, Front Desk, Bld. 400, Main

Campus or email Wellness@solano.edu

Office Use Only:

Therapist Assigned To:

Date Assigned:

## Call Log For Wellness Counselor –Office Use Only

Use this sheet to document the dates/times and messages you left prior to the first session. Generally, counselors should only make three attempts to contact, unless the student has attempted to call back.

**If the student has made no attempt to call back, then on the third attempt, please leave the following message:**

“My name is \_\_\_\_\_ from the Wellness Program at \_\_\_\_\_ (Name of College and Campus). This is the third attempt to contact you for the SCC Wellness Program Services. Please call us back at \_\_\_\_\_ (Wellness Program Phone Number).

If we do not hear back from you by (list a date that is no more than a week from the time you called), then we will assume you are no longer interested and take you off of the wait list.

If you wish to be placed back on the wait list at a later date, you may call the number provided earlier, \_\_\_\_\_ (number) or stop by the \_\_\_\_\_ (location where they can speak to someone who can refer) and let them know you are interested in the Wellness Program.

If you are in crisis, then please call 9-11 or the crisis line, 1-800-833-2900. Take Care."

[illegible]