John F. Kennedy University Community Counseling Center
2702 Clayton Rd., Suite 100; Concord, CA 94519

Solano Community College Wellness Counseling Referral Form

Date of Referral:	Student Name (Last, First):
Referred by: ☐ Student(self-referral) ☐ Program (specify): ☐ Instructor (name): ☐ Other (specify):	Student ID#
	Student phone number:
	Student email address:
If not referred by student, please let student know you are submitting referral	Student is a minor (Check one): ☐ Yes ☐ No

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

Reasons for Referral (check all that apply):

☐	Depression	☐	Substance Use/Abuse
☐	Anxiety	☐	Personal Crisis/Trauma (check one: ☐ Past or ☐ Present)
☐	Dealing with Loss/Grief	☐	Behavioral Issues
☐	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									

Please turn in this form to Counseling Services, Front Desk, Bld. 400, Main Campus or email Counseling@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."

Wellness Counselor	Date	Time	Notes