



RAPID REFERRAL FORM

University Counseling & Support Services (UCSS) is dedicated to providing the FMU community with clinical counseling services, supportive intervention and referrals to facilitate wellness, personal growth and success.
email completed form to jason.prendergast@fmuniv.edu

1. Student Name: _____ Date: _____

Address: _____ Student ID # _____

_____ Cell Phone: _____

Student Email: _____ 2nd Phone: _____

2. Referral Source: _____ Phone: _____ Email: _____

Reasons for Referral ▼

1. Anxiety/Worry	2. Mood Disorder
3. Conflict Resolution	4. Behavioral Issues
5. College Adjustment	6. Unusual/Psychotic Behavior
7. Low Academic Performance	8. Anger Management
9. Weight/Eating Disorder	10. Depression
11. Sleep Disturbance	12. Roommate Issues
13. Social Skills	14. Self- Esteem
15. Stress Management	16. Alcohol/Substance Use/Abuse
17. Time Management	18. Relationship/Interpersonal Issues
19. Trauma/Crisis	20. Evaluation
21. Grief/Loss	22. Other

Please provide additional information or recommended action

3. Send Rapid Referral to the University Counseling & Support Services

University Counseling & Support Services (UCSS) OFFICE USE ONLY

Date Referral Received _____ Date Action Taken _____ Follow-up Date _____

Responding Individual _____ Dept. or Program _____ Phone _____

Action Taken