



**STUDENT MENTAL HEALTH ADVISOR – SELF REFERRAL FORM**

<b><u>Student details:</u></b>	
<b>Name:</b>	<b>Gender:</b>
<b>Date of birth:</b>	
<b>GP:</b>	
<b>Address</b>	
<b>College</b>	
<b>Student ID</b>	
<b>Telephone number:</b>	
Is it ok to contact you by phone?	
Is it ok to leave a message?	
<b>'e' mail address</b>	
Is it ok to contact you by 'e' mail?	
<b>Do you have any special requirements/disabilities?</b>	
<b>Service required (please tick)</b>	
<ul style="list-style-type: none"> <li>• Information regarding local organisations</li> <li>• Information regarding support with study</li> <li>• Assessment of need</li> </ul>	
<b>Brief description of presenting problems/reason for referral</b>	
<b>Medication</b>	
Are you on prescribed medication?	
If yes, please describe	

<b>Do you have a history of/any concerns about any of the following?</b>			
	<b>Yes</b>	<b>No</b>	<b>Please provide details</b>
<b>Self harm</b>			
<b>Suicide</b>			
<b>Verbal abuse to others</b>			
<b>Threatening behaviour to others</b>			
<b>Physical abuse to others</b>			
<b>Sexual abuse</b>			
<b>Self neglect</b>			
<b>Substance misuse</b>			

