NORTHERN ARIZONA UNIVERSITY

COUNSELING SERVICES
PO BOX 6045
FLAGSTAFF, AZ 86011-6045
(928) 523-2261 (fax) 523-9060

REFERRAL FOR BEHAVIOR RELATED ASSESSMENT

(For NAU only)

Student Name: *Name of Referral Source:*

Residence Hall: *Name of Referring Office:*

Phone: *Box #:*

Student ID#: *Phone:*

Reason for Referral (check as many that apply):

- ☐ Anger management
- ☐ Risk to self/others (If risk is immediate, call CS at 523-2261)
- ☐ Eating concerns
- ☐ Other:
- ☐ Domestic violence
- ☐ Behavioral concerns
- ☐ Alcohol/Drugs Involved (If only box checked, use Substance Abuse Program Referral Form)

Information concerning referral: (Please explain reason for referral and attach any incident reports that are available)

Referral Source Signature:_____ Date:_____

INSTRUCTIONS TO STUDENT

1. **You are asked to contact** Counseling Services within **five working days** after signing this referral to make an appointment with a counselor to fully discuss the incident that created this referral. You may be asked to attend additional sessions if your counselor feels this is needed. There is **NO CHARGE** for these appointments if you follow through as instructed.
2. **If you do not show for your scheduled appointment,** a $25 no show fee will be charged to your LOUIE account and a non-completion notice will be sent to your referral source.
3. **If you fail to contact Counseling Services** within five working days, a non-completion notice will be sent to your referral source and may result in additional follow-up.
4. If the incident for which you were referred involved drugs or alcohol, your counselor may recommend that you complete an Alcohol & Drug Assessment. In such cases, you will be referred to the Substance Abuse Program at Counseling Services and there will be costs for these services.

CONSENT

I, _____, hereby grant permission to Counseling Services to release the information about my attendance and recommendations to the following person/s and department:

_____.

Name of Person/Department/Office/Judicial Agency)

This release shall remain valid for a period of **180 days** from the signature date of this document.

Student Signature: _____ Date: _____