

Health & Wellness On-Location Counselling Referral Form Faculty of Medicine

The following form is intended to be **used by staff working in and graduate faculty appointed to the Faculty of Medicine** as a way to refer our graduate students to the counselling services offered by Health and Wellness. This includes services across the university (i.e. Koffler and School of Graduate Studies), in addition to the embedded counselors assigned to the Faculty of Medicine effective Fall 2018. Please complete all the fields below and obtain the student's consent (via signature) before sending this to Health and Wellness. Information outlined in this form will not be shared with other individuals at the university, without the written consent of the student.

The completed form should be sent to Health and Wellness, either by fax at (416) 978-7341 or by email to mentalhealth.hwc@utoronto.ca. Once received, a staff member from Health and Wellness will contact the student directly. Thank you.

Given Names	Surname

Student #	Student Email	Primary Student Tel

Alternate Student Email	Alternate Student Tel

Graduate Unit	Degree Program	Year of Study

Staff Contact Information		Referral Date
Name		
Email		
Tel		

Staff Comments

Brief Description of Academic Issues

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I, _____ permit the above information to be released to
(Student Name - please print)

Health & Wellness.

Student Signature

Date

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