**Health & Wellness On-Location (Virtual) Counselling Referral Form**

**Fall 2020**

**Student #:** **Email: Phone #(s):**

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**Given Names: Surname:**

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**Faculty/College: Program: Year of Study:**

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| --- | --- | --- |
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**Staff Contact Information: Referral Date:**

|  |  |
| --- | --- |
| Name:  Email:  Phone #: |  |

**Staff Comments:**

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|  |

**Academic Issues:**

|  |
| --- |
| **None** |

[ ] I have discussed the referral with the student and the student provides consent for the above information to be released to Health & Wellness.

**Fax/Email To: Health & Wellness @ (416) 978-7341 / mentalhealth.hwc@utoronto.ca**