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

**Fall 2020**

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

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Given Names: Surname:**

|  |  |
| --- | --- |
|  |  |

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

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Staff Contact Information: Referral Date:**

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

**Staff Comments:**

|  |
| --- |
|  |

**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**