

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

The following form is intended to be **used by staff and graduate faculty employed/appointed to the Temerty Faculty of Medicine (TFOM)**. This is used when a staff member or graduate faculty wishes to **guide** a referral on behalf of a TFOM graduate student. This includes counseling services across the university (i.e. Koffler and School of Graduate Studies), in addition to the embedded counselors assigned to TFOM.

Please complete **all the fields below and obtain the student's consent (via signature)** before submitting this to Health and Wellness (fax: 416-978-7341 or email: mentalhealth.hwc@utoronto.ca). Once received, a staff member from Health and Wellness will contact the student directly. Information outlined in this form will not be shared with other individuals at the university, without the written consent of the student. 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/Faculty Comments

Brief Description of Academic Issues (completed by Staff/Faculty, in partnership with graduate student)

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

Health & Wellness.

Graduate Student Signature

Date

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