

Geisinger Commonwealth School of Medicine

Student Health Services Referral Form for Faculty and Staff

Phone: 570-558-4290 Fax: 570-570-558-4295 Email: Twaibel@geisinger.edu

Please use this form for non-emergent referrals to student health services. If you are concerned that a student is in crisis, please call our office during regular business hours or TimelyMD after hours.

Please note it is best to share with the student that you are making the referral. If a student is unresponsive or refuses to meet with SHS, the student will be referred to the CARE Team to ensure safety and wellbeing.

Please Print.

Date: _____

Student Name: _____

Referred by: _____

Phone Number: _____

Routine (*contacted within 3 business days*)

Year/Program: _____

Urgent (*contacted within 1 business day*)

Reason for referral:

Areas to be assessed:

Health

Substance Use

Behavioral Health

Psycho-Educational Evaluation

Test Anxiety

Fitness for Duty

Student Health Services Actions

(to be completed by SHS staff)

Date Referral Received: _____

Insurance: _____

Action Taken:

Completed by (*print*): _____

Date of Contact: _____

Signature/Title: _____