

# Geisinger Commonwealth School of Medicine

Student Health Services Referral Form for Students

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

Please use this form if you are concerned about the mental health of one of your peers. This form is for non-emergent referrals to student health services. If you are concerned that your peer is in crisis, please call our office during regular business hours or TimelyMD after hours.

Please note 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: \_\_\_\_\_

Year/Program: \_\_\_\_\_

Reason for referral (Be as specific as possible):

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**Student Health Services Actions**

(to be completed by SHS staff)

Date Referral Received: \_\_\_\_\_

Insurance: \_\_\_\_\_

Action Taken:

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Completed by (print): \_\_\_\_\_

Date of Contact: \_\_\_\_\_

Signature/Title: \_\_\_\_\_