



**Student Wellness Team (SWT) - Referral Form for Student Deans' Offices Please FAX
completed form to MCAPS (909-621-8482) or SHS (909-621-8472)**

Referral to: Monsour Counseling and Psychological Services (MCAPS) Student Health Service (SHS)

From:

CGU CMC HMC KGI PIT POM SCR

Name of Referring Person/Title/Office: _____

Name of Student: _____ DOB: _____ Student ID: _____

Description of incident and/or concern prompting referral/background information:

Purpose of Referral:

Confirm attendance

Assessment and Recommendation (s)

Other (please explain) _____

I, (Name of Student) _____ give permission for MCAPS SHS (check one or both) to
provide Confirmation of Attendance Assessment and Recommendation(s) (check one) Other (see above) to
(Person or office to receive information) _____

This consent is effective until revoked in writing or after one year from date of signature.

Student Signature _____

Date _____

Contact Number _____

Signature of Referring Professional _____

Date _____

Contact Number _____