



Cardinal Success Program @ The Nia Center
Adult Counseling Referral Form

It is important that you communicate to the adult you are referring your concerns and explain this referral to them. Please fill out this form and email it to ECPYCSP@louisville.edu.

Name of referral source: _____ Date: _____
-Referral source's phone number: _____

Name of adult being referred: _____
-Referred adult's date of birth (or age if unknown): _____
-Referred adult's phone number: _____

How do you know the person you are referring? _____

Have you talked to this person about your concerns? No | Yes
Have you talked to this person about this referral? No | Yes

What event or information prompted you to make this referral?

Thank you for making a referral! Please check off the items below to indicate the specific concerns of the adult you are referring. Please also feel free to use the blank space below to provide us with any additional relevant information.

- Suspected experience of abuse (physical, sexual, emotional)
* Alcohol or drug use
Anger
Anxiety or nervousness
Career/school concerns, choices, or difficulties
Decision making
Delusions (false ideas)
Depression (low mood, sadness, crying, loss of interest in activities, etc.)

- Divorce or separation
- Eating problems (circle: overeating, undereating)
- Excessive fears
- Family conflicts
- Financial stressors
- Gambling
- Grief (loss/ambiguous loss)
- Physical illness; specify, if able:
- Interpersonal conflicts
- Impulsivity (reckless sex, impulsive buying, risk taking)
- Irritability
- Legal problems
- Marital/relationship conflict
- Mood swings
- Obsessions
- Panic attacks
- Parenting/custody difficulties
- Poor self-care
- Sexual health education or related concerns
- Sleeping problems (too much, too little, insomnia, work shift, etc.)
- *Suicidal thoughts
- *Threatening violence to others
- Social withdrawal
- Other:

**Please note that Cardinal Success is not a triage clinic and is not a treatment center for primary substance use concerns. If your client is actively contemplating suicide, threatening to harm others, or needs help with primary substance use, please contact Centerstone at their crisis line at 502-589-4313 or their standard intake line at 502-589-1100.*