

Cardinal Success Program @ The Nia Center Counseling Referral Form – Student/Child/Adolescent

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 student being referred:	
Date of Birth (or age if unknown):	
Name of student's legal guardian:	
-Legal guardian'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)
- \square *Alcohol or drug use
- \Box Anger
- \Box Anxiety or nervousness
- \Box Career/school concerns, choices, or difficulties
- \Box Decision making
- \Box Delusions (false ideas)
- □ Depression (low mood, sadness, crying, loss of interest in activities, etc.)
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- \Box Divorce or separation
- □ Eating problems (circle: overeating, undereating)
- \Box Excessive fears
- \Box Family conflicts
- \Box Financial stressors
- □ Gambling
- □ Grief (loss/ambiguous loss)
- \Box Physical illness; specify, if able:
- □ Interpersonal conflicts
- □ Impulsivity (reckless sex, impulsive buying, risk taking)
- □ Irritability
- \Box Legal problems
- □ Marital/relationship conflict
- \Box Mood swings
- \Box Obsessions
- \Box Panic attacks
- □ Parenting/custody difficulties
- \Box Poor self-care
- \Box Sexual health education or related concerns
- □ Sleeping problems (too much, too little, insomnia, work shift, etc.)
- \Box *Suicidal thoughts
- \square *Threatening violence to others
- \Box Social withdrawal
- \Box 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.