

Berkeley City College Wellness Referral

2000 Center St, Suite 100 RM 106, Berkeley, CA 94704

If you need immediate help please call

Alameda Crisis Hotline

1-800-309-2131 or 911.



Today's Date: _____

Student's Name: _____ DOB: _____ Gender: _____ Student Id#: _____
<u>Patient Contact Information:</u>
Phone (Cell) _____ (Work) _____ Email _____
Address _____
Preferred Method of Contact <input type="checkbox"/> Phone <input type="checkbox"/> Email Permission to leave a message <input type="checkbox"/> Yes
Existing services (i.e. Therapy): _____

Days Available for Appointments (please check) Mon Tue Wed Thur Fri

<u>Reason for referral (Check all that apply):</u> <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Grief/Loss <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Childcare <input type="checkbox"/> Employment <input type="checkbox"/> Food <input type="checkbox"/> Housing <input type="checkbox"/> Insurance <input type="checkbox"/> Legal <input type="checkbox"/> Other	<u>Services Requested:</u> <input type="checkbox"/> Mental Health <input type="checkbox"/> HIV Screening <input type="checkbox"/> Acupuncture/Massage <input type="checkbox"/> Physical Exam <input type="checkbox"/> Is this an urgent mental health matter or crisis? Please explain <u>Notes:</u>
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<i>For office use only</i> Date received: _____ Time _____	Wellness Team Member: _____
<i>Contact: Date/Time</i>	

Referred by: _____	Campus: _____
Phone: _____	Fax: _____
Email: _____	Address: _____
Disposition	
Intake Date & Time	

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