Eagle Check-Up Referral Form (mail this form to Lisa Wright, MPH, CHES box 5066)

Mandated

Voluntary

To be completed by person making the referral

Name of Student	ID #	Date
Address		Telephone #
Reasons for Referral (and to what extent was alcohol or marijuana involved):		
Date by Which Program Must Be Contact	ted	Date by Which Program Must Be Completed:
Name of Referral Source		Date
Referral Source USM Mail Box and Phor	ie	
To be signed by the student:		
	_, understand the reason fo	r this referral and agree to the following
business days.I will attend all counseling se	ssions as scheduled. sions will delay my comple	Eagle Check-Up appointment within 2 etion of the Eagle Check-Up and may result
Signature of Student		Date
To be completed by Eagle Check-Up Counselor		
Date of Initial Session: Initial Recommendations:		
Continue Eagle Check-Up Pro Referral For Service		
Date Eagle Check-Up Program Comp	pleted:	_
Signature of BASICS Counselor		

Upon completion of sessions or referral send appropriate letter to the referent