



Wellness Referral Form Quick Reference

Student Wellness is excited to unveil our new Wellness Referral Form! This streamlined tool makes it easy to submit concerns and refer students to our Wellness team, ensuring they get the support they need quickly.

Just like submitting CARE flags, the Wellness Referral form should be utilized for reporting concerns or referring students to our Student Wellness team for support or access to resources.

Please review the attached document for a summary of the expected changes, along with additional information outlining what details should be included in the referral form.

Submitting a Wellness Referral Form

To submit a Wellness Referral Form, go to “Report an Incident” at the bottom of the main NSU website page or click [here](#).

Before submitting a Wellness Referral Form: If this is an emergency that involves an imminent risk of harm to self or others, please contact campus police at 702-895-3669 or by dialing 911 prior to completing a referral form.

Additional information:

- Referrals are reviewed Monday through Friday during normal business hours (8 AM-5 PM), and are not monitored after hours, on weekends, or during official University holidays.
- After a referral form is submitted, the report will be directed to the Student Wellness for review and follow-up.

For questions regarding the Wellness Referral Form, please contact a Student Wellness Case Manager by emailing studentwellness@nevadastate.edu



Completing the Wellness Referral Form

The Wellness Referral Form serves a similar purpose to CARE flags but requires specific information to be provided when filling it out. For details on how to complete these fields correctly, please refer to the information provided below.

Section: Background Information

This section is intended to collect information about the person submitting the referral request. If you are reporting a general concern without a specific date, please use the date when you last spoke to the student about the concern.

If you are requesting a referral for yourself, please use your information in this section, and the date you are requesting a referral. This ensures that the referral process accurately reflects the timing of the concern or request.

Section: Student of Concern

This section is intended to collect information about the student being referred to Student Wellness.

If you are requesting a referral for yourself, please include your information in this section even if you have already entered it in the Background Information section.

Section: Questions

Question: Please provide a detailed description of the incident/concern using specific concise, objective language (Who, what, where, when, why, and how). The use of direct quotes is encouraged even in incidents when the alleged student uses profanity or abusive language.

For this question, please provide as much detail as possible regarding the incident or concern. If you are submitting a concern but lack specific information, please indicate which details are currently unknown to you. (Continued on next page)...



...Additionally, if the concern involves language or statements made by a student, please include direct quotes, including any that contain abusive language or profanity.

Question: Please provide any information about the individual that may be helpful to the Wellness Team as they try to assist the individual.

For this question, please provide any information you may feel would be beneficial for the Wellness team to know. This could include preferred names, preferred ways of contact, or additional information about the student that would help provide further background or information about the student.

Question: Duration of Behavior:

- **Single**
- **On-Going**

For this question:

- Select “Single” if the concern or incident is the first of its occurrence to your knowledge
- Select 'On-Going' if this concern or incident has occurred more than once, is happening regularly, or has happened historically

Question: If ongoing, when was the behavior first observed?

If 'On-Going' is selected, please provide information about when the concern or incident was first observed. If this information is not known, please indicate.

Question: Please describe any action you may have taken to address the concerning behavior and how the individual responded to your attempts.

For this question, please provide any information about actions you have taken to address this incident or concern. (Continued on next page)...



...This may include exchanges of communication such as emails, phone calls, or Canvas messages, as well as any in-person discussions or meetings.

Providing this information will enable the Case Management team to determine appropriate follow-up steps and avoid any duplication of efforts.

Question: Please provide any information about the individual that may be helpful to the Wellness Team as they try to assist the individual.

For this question, please provide any information you may feel would be beneficial for the Wellness team to know. This could include preferred names, preferred ways of contact, or additional information about the student that would help provide further background or information about the student.

Question: Is the student aware a Wellness Referral is being submitted on their behalf?

For this question, please specify whether the student is aware that the Student Wellness team will be reaching out to offer support. When it is appropriate to do so, it is recommended that you inform the student that you will be submitting a Wellness Referral Form on their behalf. Selecting "no" for this question will not stop the Student Wellness Team from contacting the student.

Section: Supporting Documentation

This section is intended for any support documentation that is related to the concern and would be helpful for the Student Wellness team to review. Examples of supporting documentation can include but are not limited to: photos, videos, emails, screenshots, incident reports, copies of completed work or posted discussions.

Questions about this process or referral form? Please contact a Student Wellness Case Manager at studentwellness@nevadastate.edu