

CONFIDENTIAL

University of Illinois Counseling Center

Alcohol and Other Drug Incapacitation & Referral Form

As part of the Counseling Center at the University of Illinois, the Alcohol and Other Drug Program (AODP) has a primary role in responding to students who have experienced concerns related to their use of alcohol and other drugs. By filling out this form, you will be alerting the AODP that a specific student may benefit from our services. The AODP will review this report and arrange the most appropriate intervention for the student, which may include assessment, individual or group counseling, and/or workshop attendance.

PERSONAL DATA: Student's name: _____ UIN: _____
Gender: _____ DOB: _____ Age: _____ Year in school: _____
Student's Phone #: _____ Student's address: _____

INCIDENT INFORMATION: Is this referral related to a specific incident of concern? YES: ___ NO: ___
If 'yes', please complete the following: Date of incident: _____
Time of incident: _____ Location of incident: _____

Paramedics called? YES: ___ NO: ___ Student transported? YES: ___ NO: ___
If 'yes' to which hospital? Carle Foundation Hospital: ___ OSF Health Care: ___
If "no", please indicate reason: Student refused to be transported YES: ___ NO: ___
EMS deemed unnecessary? YES: ___ NO: ___ Other: _____

Was an SIR (Suicide Incident Referral) filed in connection with this incident? YES ___ NO ___

SERVICE REQUESTED: If you are requesting a specific AODP service for the student, please indicate which of the following: _____ Alcohol and Other Drug Assessment
_____ CAAP (Challenging Alcohol Attitudes Positively) _____ MIC (Marijuana Information Class)

REASON FOR REFERRAL (Please include detailed information related to why you are concerned for this student and feel that AODP services would be valuable. The more information provided, the better we will be able to assess and meet the student's needs):

Name of person completing referral: _____ Date: _____
Phone number: _____ Email: _____

Fax the completed form to the Counseling Center at (217) 244-7586. The Counseling Center is located on the second floor of the Student Services Building at 610 E. John Street, Champaign and can be reached by phone at (217)333-3704.