CONFIDENTIAL

University of Illinois Student

Counseling Center's Alcohol and Other Drug Office (AODO) Referral Form

Date:

Student Name:	Address:
UIN / I.D.#	
Phone #	

Service Requested:

- ☐ Determination of Appropriate Service
- ☐ Alcohol and Other Drug Assessment
- ☐ Other _____
- ☐ SAW (Self-Assessment Workshop)
- ☐ CAAP (Challenging Alcohol Attitudes Positively)
- ☐ MIC (Marijuana Information Class)

Reason for Referral:

SIR Form also filed for this incident? ☐ Yes ☐ No

Do you want to be notified of outcome of visit? ☐ Yes ☐ No Fax #_____

Referred by:

- ☐ MHC Clinic
- ☐ Housing
- ☐ Faculty
- ☐ Office for Dean of Students
- ☐ Counseling Center
- ☐ Office for Student Conflict Resolution
- ☐ Athletics
- ☐ Public Safety (Police and Fire Dept.) case or event # _____

☐ Other (please specify) _____

Name of Person Making Referral:

Department:

Date: Phone # Fax # Mail Code

Please fax this to the AOD Office at: (217) 244-5336

Telephone: (217) 333-7557 if you have any other questions.