

CONFIDENTIAL
University of Illinois Student

Alcohol and Other Drug Referral Form

Date: _____

Student's Name: _____

UIN # _____

Address: _____

Phone: _____

Service Requested:

Determination of Appropriate Service

Alcohol and Other Drug Evaluation

Other

SAW (Self-Assessment Workshop)

CAAP (Challenging Alcohol Attitudes Positively)

MIC (Marijuana Information Class)

Discovery Group Therapy

Reason for Referral:

Do you want to be notified of outcome of visit? Yes No

Referred by:

MHC Clinic

Housing

Faculty

Office for Dean of Students

Counseling Center

Office for Student Conflict Resolution

Athletics

Public Safety (Police and Fire Department

(case or event #) _____

Other (please specify) _____

Name of Person Making Referral: _____

Department: _____

Mail Code: _____ Phone # _____

Please mail or fax this to the Alcohol and Other Drugs Office (AODO)
at McKinley Health Center, 3rd Floor, Room 333
Fax # 244-5336 / Telephone # 333-7557 – if you have any other questions.