

CONFIDENTIAL
University of Illinois Student
Alcohol Incapacitation Referral Form

The Alcohol and Other Drugs Office (AODO) has a primary role in responding to students who have experienced difficulties relating to the consumption of alcohol resulting in incapacitation. By filling out this form, you will be alerting the AODO to the fact that a particular student recently required attention due to the consumption of alcohol. The AODO will review this report and arrange the most appropriate intervention for the student. This may include a combination of counseling, workshop attendance, and other intervention tools. Fax the completed form to the AODO at 244-5336. If you have any questions, call 333-7557.

I. PERSONAL DATA

1. Student's Name: _____ Phone # _____

2. Student's UIN # _____ Sex: _____ Age: _____

3. Year in School (Check one) First Year Sophomore Junior Senior Graduate Unknown

4. Student's Address: _____

II. INCIDENT INFORMATION

1. Date of Incident: _____

2. Time of Incident: _____

3. Location of Incident: _____

4. Paramedics Called: Yes No

5. Student Transported: Yes No

If Yes, what hospital: Carle Foundation Hospital Provena Covenant Medical Center

6. Where drinking or drug use occurred (if known): _____

7. Amount and type consumed/taken (if known): _____

8. Other information relating to incident or student (i.e. how reporting person was notified, if student refused treatment, etc.):

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

Author of this report:

Name: _____

Title or Relationship to Student (if E-Dean, please indicate here): _____

Department: _____

Work Phone # _____ Date of Report: _____