Health and Wellness Services: 3333 West Pensacola Street Tallahassee, FL 32304 Telephone: (850) 574-6240

FAX: (850) 576-3317 www.discvillage.org



New Horizons Referral Form

Student's Name:		Grade:
Person Referring:		Date:
Check (✓) all that apply		
□ Suspected use of alcohol,	□ Anger Issues	□ Behavioral Issues
tobacco, and/or other drugs	□ Depression	☐ Family Issues/Struggles
□ Poor Communication	☐ Suicide Ideation	□ Self-Esteem
 Poor Decision-Making Skills 	□ Anxiety	□ Trauma
	□ Emotional Regulation	□ Failing grades
□ Easily Agitated	□ Grief	
Comments or other observed behavior	rs.	
Comments of other observed benefits	10.	
To be c	ompleted by Health and Wellne	ess Specialists
Follow-up completed Yes	_/ / □ No (exp	plain):
Recommended Services		
\square No services recommended at this time	me	
□ Services:		
Kristy Hogan, MSW		
Health and Wellness Specialists Signature/Credentials	Date	Student Signature Date