

HIGH SCHOOL WELLNESS CENTER PROGRAM

RESPONSE FORM

DATE: _____

TO: _____

FROM: _____

RE (student/referral date): _____

ACTION(S) TAKEN BY WELLNESS CENTER STAFF:

Student was seen by _____ on _____ and will continue to receive on-going services

Student was seen by _____ on _____ and will not require follow-up

Student has been referred to _____ on _____

Student was noted to be receiving services in the community and has been referred back to that service / provider

Student was not seen because _____

Additional Comments:

Thanks for your referral to the Wellness Center. Please feel free to contact us if you have questions or additional concerns.