

SELF REFERRAL

Date
Referral delivered by:

We require this information in order to assess whether you can receive help from the Student Health Service. If we decide that we can help you, you will be called for an assessment appointment. If we decide that you will not be called, you will be informed of this and the reasons why. We will try as far as possible to provide information on other options available.

Please fill in the information below and send it back in the attached envelope to:
The information is confidential.

Postal adress:

Carina Yourstone
Studenthälsan
Lunds Universitet
Box 117
221 00 Lund

| | | | |
|---|-----------|------|--|
| First name | Last name | | |
| Date of birth (YYMMDD) or Personal Identity Number: | | | |
| Telephone | | | |
| Street address | postcode | City | |
| E-mail | | | |

I agree to be contacted for an appointment by:

- Phone / SMS (text message)
 E-mail

Study Situation

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|--|
| What are you studying? |
| How long have you been studying here? |
| How many credits have you achieved so far this semester, or over the last two semesters? |
| Do you currently have contact with a course coordinator, study advisor or similar member of staff? |

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|-----------------------------|
| What do you need help with? |
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Have you had (or are you currently having) any counselling / treatment?

If yes, when?

Where?

What for?

Are you currently on any medication? If so, what?

How do your problems affect your studies / daily life?

How long have you had these problems?

Do you have trouble sleeping?

If so, when do you normally go to bed at night / get up in the morning?

Do you find it hard to fall asleep?

Do you wake up several times during the night and find it difficult to get back to sleep again?

How is your appetite?

Do you eat breakfast, lunch, dinner?

Do you drink alcohol?

How much do you usually drink per week?

Is there anything else that is important for us to know in order to understand why you are seeking help?

For further information: www.lunduniversity.lu.se/student-health
Lund

visiting address: *Paradisgatan 5B,*

11-11-14/ast

