

**2023 – 2024 UofT Health & Wellness
On-Location Counselling Referral Form**

Fax/Email To: Health & Wellness @ (416) 978-7341 / mentalhealth.hwc@utoronto.ca

Student #:	Email:	Phone #(s):

Given Names:	Surname:	Pronouns:

Faculty/College:	Degree and Program:	Year of Study:
Temerty Faculty of Medicine		

Referring Staff Contact Information:	
Name:	Referral Date:
Email:	Phone #

Referring Staff Comments:

Academic Issues:

I, _____ permit the above information to be released to Health and Wellness
(Student Name – Please Print)

Student Signature:	Date: