

CAUSE FOR CONCERN (C4C)

This form is to use for evaluating need for further intervention (internal / external)			
Referral made by:			
Referral date:			
Student surname:		Student first name:	
Year Group:		Tutor:	
Reason for Referral:			
MH&S Triage:			
PTO.....			

	Not at all	Only occasionally	Sometimes	Often	Most of the time	
I've felt edgy or nervous	0	1	2	3	4	
I haven't felt like talking to anyone	0	1	2	3	4	
I've felt able to cope when things go wrong	4	3	2	1	0	
I've thought of hurting myself	0	1	2	3	4	
There's been someone I've felt able to ask for help	4	3	2	1	0	
My thoughts and feelings distressed me	0	1	2	3	4	
My problems have felt too much for me	0	1	2	3	4	
It's been hard to go to sleep or stay asleep	0	1	2	3	4	
I've felt unhappy	0	1	2	3	4	
I've done all the things I wanted to	4	3	2	1	0	
TOTAL						
I've thought of hurting another person	0	1	2	3	4	
I feel cared for	4	3	2	1	0	
I've felt unsafe (from another person or persons)	0	1	2	3	4	
My problems interfere with my learning/work	0	1	2	3	4	
I use alcohol/drugs	0	1	2	3	4	
I have thoughts about suicide	0	1	2	3	4	
I struggle with issues around my sexuality or gender (e.g. lesbian, gay, bi-sexual, transgender)	0	1	2	3	4	
I struggle with eating / body image / food / weight issues	0	1	2	3	4	
TOTAL						