



Concerned Persons Referral

for the IUPUC Behavioral Consultation Team

Contact/Referral Made by:

 Name

 Phone

 eMail

Concerning Person:

 Name

 Other identifying information, including description if needed

Incident Date and Description:

 Date and Time of Incident

 Description of event. If more space is needed, use the back of this sheet.

Appearance, Behavior, & General Observations Before This Event:

Please check the box next to each observation below that applies.

Grooming /Hygiene

| | |
|--------------------------|---------------------------|
| <input type="checkbox"/> | Changes for the worse |
| <input type="checkbox"/> | Dramatic change of weight |
| <input type="checkbox"/> | Unkempt appearance |
| <input type="checkbox"/> | Odor |

Emotional Signs of Distress

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | Tearfulness or crying |
| <input type="checkbox"/> | Extreme mood swings |
| <input type="checkbox"/> | Shows no emotions |
| <input type="checkbox"/> | Seeing or hearing things |

Physical Signs of Distress

| | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Bruising |
| <input type="checkbox"/> | Burns or cuts |
| <input type="checkbox"/> | Frequent injuries |
| <input type="checkbox"/> | Slurring of words |

Social Fear / Suicide Risk

| | |
|--------------------------|----------------------------|
| <input type="checkbox"/> | Appears friendless |
| <input type="checkbox"/> | Suspicious of others |
| <input type="checkbox"/> | Avoids others |
| <input type="checkbox"/> | Has attempted suicide |
| <input type="checkbox"/> | Trouble relating to others |
| <input type="checkbox"/> | Feels alone and isolated |
| <input type="checkbox"/> | Feels misunderstood |
| <input type="checkbox"/> | Feels excessive shame |
| <input type="checkbox"/> | Feels guilty |

Hostility

| | |
|--------------------------|----------------------------|
| <input type="checkbox"/> | Argumentative |
| <input type="checkbox"/> | Uses abusive language |
| <input type="checkbox"/> | Appears intimidating |
| <input type="checkbox"/> | Threatens others |
| <input type="checkbox"/> | Fantasizes harm to others |
| <input type="checkbox"/> | Plans a violent event |
| <input type="checkbox"/> | Has weapons (list on back) |

Pushing Social Limits

| | |
|--------------------------|---------------------------|
| <input type="checkbox"/> | Touches inappropriately |
| <input type="checkbox"/> | Stares inappropriately |
| <input type="checkbox"/> | Stalks another person |
| <input type="checkbox"/> | Invades personal space |
| <input type="checkbox"/> | Loses control of impulses |

Behavior in Groups or Class

| | |
|--------------------------|------------------------|
| <input type="checkbox"/> | Often absent |
| <input type="checkbox"/> | Worsening performance |
| <input type="checkbox"/> | Noncompliant |
| <input type="checkbox"/> | At odds / picks fights |
| <input type="checkbox"/> | Has academic concerns |
| <input type="checkbox"/> | Fidgety |

Has Suffered or is Suffering

| | |
|--------------------------|-----------------------|
| <input type="checkbox"/> | Child abuse/neglect |
| <input type="checkbox"/> | Sexual assault/abuse |
| <input type="checkbox"/> | Alcohol or drug abuse |
| <input type="checkbox"/> | Significant loss |
| <input type="checkbox"/> | Physical pain |
| <input type="checkbox"/> | Health problems |

Has Committed or Has Now

| | |
|--------------------------|-----------------------------|
| <input type="checkbox"/> | Child abuse/neglect |
| <input type="checkbox"/> | Sexual assault/abuse |
| <input type="checkbox"/> | Legal / discipline problems |

Optional Remarks:

Please submit this form to one of these BCT Leaders:

Dr. Sandra Miles, Dean of Students
 LC Building, Suite 1200
smiles3@iupuc.edu

Captain Bryant Lucas
 CC Building, Room 105
bslucas@iupuc.edu