# Mental Health Referral Form for International Travel Planning

This form is used to assist in planning for individuals traveling abroad. If a program participant experiences unique circumstances that may require additional planning or preparation, this form can be used to help facilitate discussion among the individual, program staff, mental and health care providers, and others who may provide support or assistance to the individual. When completing this form, please be as specific as possible.

Each individual’s circumstances will be unique, and should be identified during the interview process. However, some common areas that may benefit from additional planning include the following:

* The participant has expressed thoughts of harming him/herself or others
* The participant related that he or she has previously experienced symptoms of depression while away from an established support network
* The participant has specific dietary needs or habits
* The participant related that he or she has previously used self-injury as a coping mechanism
* The participant takes medication that requires regular monitoring
* The participant related that he or she experiences anxiety or withdrawal when meeting new people, or participating in new activities
* The participant related that he or she has difficulty taking medication regularly
* The participant previously experienced disability-related barriers to academic success

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| Example |
|  | Issue: | The participant is currently taking medication, but does not have an adequate supply for the duration of travel. |
|  | Program Expectation: | The host country has restrictions regarding shipping/ receiving medications. If the individual is not able to travel with a sufficient supply, arrangements should be put in place for him or her to acquire additional supplies. |
|  | Professional Contact: | Dr. John Doe (identified by the participant; this could be a physician, mental health professional, dietician, academic professional, etc.) |
|  | Plan: | (the participant and professional will complete this section) |
| Other Concerns Identified: | (the professional may have concerns that will need to be addressed by the participant, possibly with assistance from the program staff) |
| Contact Person During Travel: | (the participant should identify who to contact if a problem occurs while he or she is traveling; this may be a professional or another member of his or her support network) |

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| Item 1 |
|  | Issue: |  |
|  | Program Expectation: |  |
|  | Professional Contact: |  |
|  | Plan: |  |
| Other Concerns Identified: |  |
| Contact Person During Travel: |  |

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| Item 2 |
|  | Issue: |  |
|  | Program Expectation: |  |
|  | Professional Contact: |  |
|  | Plan: |  |
| Other Concerns Identified: |  |
| Contact Person During Travel: |  |