

CONFIDENTIAL
University of Illinois Student

Alcohol Incapacitation Referral Form

The Alcohol and Other Drug Office (AODO) has a primary role in responding to students who have experienced difficulties relating to the consumption of alcohol resulting in incapacitation. By filling out this form, you will be alerting the Alcohol and Other Drugs Office (AODO) to the fact that a particular student recently required attention due to the consumption of alcohol. The Alcohol and Other Drug Office (AODO) will review this report and arrange the most appropriate intervention for the student. This may include a combination of counseling, workshop attendance, and other intervention tools. Fax the completed form to the Director of McKinley Health Center at & 244.5336.

I. PERSONAL DATA

- 1. Student's Name: _____ Phone _____
- 2. Student's ID#: _____ Sex: _____ Age: _____
- 3. Year in School (**circle one**)
First Year Sophomore Junior Senior Graduate Unknown
- 4. Students address: _____

II. INCIDENT INFORMATION

- 1. Date of Incident: _____ 2. Time of Incident: _____ am/pm
- 3. Location of Incident: _____
- 4. Paramedics Called: Yes [] No []
- 5. Student Transported: Yes [] No []
- If yes, what hospital: [] Carle Foundation Hospital [] Provena Covenant Medical Center
- 6. Where drinking or drug use occurred (**if known**): _____
- 7. Amount and type consumed/taken (**if known**): _____
- 8. Other information relating to incident or student (i.e. how reporting person was notified, if student refused treatment, etc.): _____

Do you want to be notified of outcome of the visit? Yes [] No []

Author of this report:

Name: _____

Title or Relationship to Student (if E-Dean, please indicate here): _____

Department: _____

Work Phone #: _____

Date of Report: _____