

Hello,

My name is Liz Healy. I am a School-Based Therapist with Aurora Mental Health Center. I am assigned to Smoky Hill High School, and I wanted to introduce myself.

I work with students to promote overall mental health and well-being. Sometimes this includes students who may be struggling with managing their emotions-such as depression and anxiety, grieving a loss, or dealing with anger. It is also common for students to express concerns related to school stress, home life and relationships.

If any of this sounds like it could apply to you, or, if you are interested in learning more about the services available, I invite you to reach out by completing this self-referral form below and emailing it to me. Once completed, a therapist will reach out to you to schedule an appointment, to explore what's going on for you and how we could possibly help.

These are difficult times we are living in, but there is support available to you! I am able to work with almost all health insurances, and my contact information is listed below. You don't have to go through this challenge alone!

Liz Healy, LPC, LAC, School-Based Therapist

C: 720-432-6037

E: [ElizabethHealy@Aumhc.org](mailto:ElizabethHealy@Aumhc.org)

**What kind of support do you need?**

<b>Smoky Hill Staff: Counselors Julia Wiering (A-K) Dr. June Hicks (L-Z)</b>	<b>Aurora Mental Health Therapist: Liz Healy</b>
Stress related to school or stress affecting the school day	Ongoing stress in any area of life
Quick check-ins during the school day (10-15 minutes)	Ongoing regular meetings to solve problems and continually work on coping strategies
Coping strategies for that moment	Longer, more regular sessions
Help talking to teachers about mental health concerns	Extreme, ongoing feelings of sadness, anger, stress, anxiety, or mood swings that interfere with daily life

**Feelings of suicide, self-harm, or wanting to harm others: see a counselor,**

**Ms. Weiring, or Dr. Hicks immediately.** \*\*If outside of school hours, call 911\*\*

## Self-Referral Form

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Provider:

(The insurance information is very important. Please find out before you submit.)

Guardian Name:

Guardian Phone Number and Email:

Is it okay for me to contact your guardian? \_\_\_Yes \_\_\_No

School Counselor's Name:

Reason for wanting therapy:

Best time of day and way to contact you (email, phone, during school):

To complete online instead:

