



CONFIDENTIAL COUNSELING REFERRAL FORM

Date: _____

Student's Name _____ Student ID#: _____ Classification: _____
Telephone Number: _____ Referred by: _____

Reason(s) for Referral- Problems/Concerns related to: (Please check all that apply.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Dramatic change in behavior | <input type="checkbox"/> Worries | <input type="checkbox"/> Hallucinations |
| <input type="checkbox"/> Grief | <input type="checkbox"/> Fear | <input type="checkbox"/> Sadness |
| <input type="checkbox"/> Lethargy | <input type="checkbox"/> Lacks Motivation | <input type="checkbox"/> Inattentive |
| <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Poor Self-image | <input type="checkbox"/> Anxious |
| <input type="checkbox"/> Perfectionism | <input type="checkbox"/> Anger | <input type="checkbox"/> Bullying |
| <input type="checkbox"/> Disrespectful | <input type="checkbox"/> Defiant | <input type="checkbox"/> Self Injurious Behavior |
| <input type="checkbox"/> Impulsive | <input type="checkbox"/> Easily distracted | <input type="checkbox"/> Destruction of Property |
| <input type="checkbox"/> Promiscuity | <input type="checkbox"/> Peer Relationships | <input type="checkbox"/> Poor Social Skills |
| <input type="checkbox"/> Personal Hygiene | <input type="checkbox"/> Family Concerns | <input type="checkbox"/> Academics |
| <input type="checkbox"/> Absences | Other _____ | |

Description of presenting problem:

Signature of Referral Source

Date

*Please e-mail referral to schampion@clayton.edu