CONFIDENTIAL COUNSELING REFERRAL FORM

Student’s Name ___________________________ Student ID#: ___________ Classification: _______________
Telephone Number: _________________________ Referred by: ____________________________________

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

[ ] Dramatic change in behavior [ ] Worries [ ] Hallucinations
[ ] Grief [ ] Fear [ ] Sadness
[ ] Lethargy [ ] Lacks Motivation [ ] Inattentive
[ ] Withdrawn [ ] Poor Self-image [ ] Anxious
[ ] Perfectionism [ ] Anger [ ] Bullying
[ ] Disrespectful [ ] Defiant [ ] Self Injurious Behavior
[ ] Impulsive [ ] Easily distracted [ ] Destruction of Property
[ ] Promiscuity [ ] Peer Relationships [ ] Poor Social Skills
[ ] Personal Hygiene [ ] Family Concerns [ ] Academics
[ ] Absences Other__________

Description of presenting problem:
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