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.)

[ ] 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[ ] Withdrawn	[ ] Poor Self-image	[ ] Anxious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:

_____
_____
_____
_____
_____

_____ _____

Signature of Referral Source Date

*Please e-mail referral to: mmullins@claflin.edu