Counselor Referral Form

Date: _____ Student: _____

Referred By: □ Self □ Parent □ Teacher □ Other _____

Preferred Days/Times for Counseling: _____

Please check the reason(s) for referral:

□ Friends	□ Anger	□ Hurtful Thoughts
□ School	□ Stress/Anxiety	□ Social Issues
□ Home	□ Sadness	□ Other

Please briefly explain reason for referral:

_____

_____

_____

_____

_____

For Counselor Use Only

Date Seen: _____ Issue Resolved: Y N PC: Y N

Student open/responsive to therapy/approach:
_____
_____
_____

Does student need to be referred: Y N Referred to: _____

Follow-up: Y N Scheduled Date/Time: _____

Notes: