

Student Personal Counseling Referral Form



Student Name: _____ Student ID: _____

Student Phone: _____ Student Email: _____

Primary Campus: _____

Please select your reason(s) for seeking personal counseling services:

- | | |
|------------------------------------|---------------------|
| Self-Esteem | Anger |
| Coping with Life Stressors | Relationship Issues |
| Communication Skills | Anxiety |
| Dealing with Grief, Loss or Trauma | Suicidal Thoughts |
| Self-Defeating Habits or Behaviors | Hyperactivity |
| Substance Abuse | Other: _____ |

Please write a brief description of your primary concerns:

DON'T FORGET TO SAVE THIS FORM BEFORE EXITING!

Thank you for completing this form.

A member of our personal counseling team will follow up with you regarding your concerns.

This portion will be completed by the Personal Counseling Department.

Counselor's Follow-Up/Intervention Plan:

Community Agency Referral Suggested? Yes No

Referral Agency: _____