Faculty/Staff Personal Counseling Referral Form

TIDEWATER COMMUNITY COLLEGE
From here, go anywhere.™

Student Name: _____ Student ID: _____

Student Phone: _____ Student Email: _____

Primary Campus: _____

Form Completed by:
Faculty/Staff Name: _____ Department: _____

Office Phone: _____ Alternative #: _____

E-mail Address: _____

Is the student in agreement with this referral? _____

Reason for Referral (Please check all appropriate symptoms):

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

Please write a brief description of referrals:

DON'T FORGET TO SAVE THIS FORM BEFORE EXITING!

This portion will be completed by the Personal Counseling Department.

Counselor's Follow-Up/Intervention Plan:

Community Agency Referral Suggested? ☐ Yes ☐ No

Referral Agency: _____