Referral Form



Referral To: Counselor Intern Either	Date:
Student Name: (Must be a current student)	L#
Address:	Major:
Phone(s):	OK to leave a message? Yes No
Email Address:	OK to leave a message? Yes No
Days/Hours of Availability:	Does student have Health Insurance? Yes No
Presenting Problem(s): Note – To benefit recipient be as detailed as possible	
Suicide Risk? Yes No If "Yes," please discuss in detail.	
Referring Counselor/Advisor:	Extension: