

Johnson C. Smith University Counseling Center Student Referral Form

PROCESS: When using this form, please follow the process outlined below. You may also communicate your concerns with a counselor by phone at 704-378-1044.

1. Communicate your concern(s) with student and explain to the student that you are making a referral for counseling regarding your concerns.
2. **Email the Referral Form to counselingoffice@jcsu.edu or Fax the Referral Form to 704-330-1308.**
3. A staff member will reply once the form is received.

Date of Referral	
Person completing Referral	
Referral Source Phone Number	
Referral Source Email Address	
Relationship to Student	
Student Name	
Student ID #	
Student Phone Number	
Student Email Address	

<input type="checkbox"/> Alcohol and/or Substance Misuse/Use	<input type="checkbox"/> Academic Difficulty	<input type="checkbox"/> Residence Hall Violations/Concerns
<input type="checkbox"/> Health Concerns	<input type="checkbox"/> Depression	<input type="checkbox"/> Anger/Behavioral
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Loss or Grief	<input type="checkbox"/> Adjustment
<input type="checkbox"/> Stress	<input type="checkbox"/> Relationships/Family	<input type="checkbox"/> IMATTER (Sexual Assault/Domestic Violence)

<input type="checkbox"/> Other	Please list:
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<p>BRIEFLY describe the concern that lead to this referral:</p> <p>Have you discussed the concerns with the student?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
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A copy will be on file at the Counseling Center. *Thank you for your referral.*