Johnson C. Smith University
Office of Counseling Services

Student Referral Form
704-378-1044 office
704-330-1308 fax

PROCESS: When using this form, please follow the process outlined below. You may also contact the Counseling Center via phone at: (704) 378-1044 during normal business operations (M-F, 8:00 A.M.-5:00 P.M.). Please follow the steps below when referring a student:

1. Communicate your concern(s) with student and explain to the student that you are making a referral for counseling regarding your concerns.
2. **E-mail this form to:** Counselingoffice@jcmail.jcsu.edu. A staff member will notify you upon receipt of referral form.

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Student Name: ________________________________  ID # __________________

Date of Referral _______________________________

Student contact numbers _________________________

Person completing referral _______________________

Relationship to student _________________________

Reason for referral: (circle all that apply)

- Excessive alcohol use
- Substance misuse or abuse
- Academic difficulty
- Depression
- Loss or grief
- Health concerns
- Stress management
- Residence hall violation
- Anger management
- Relationship problems
- Anxiety
- Other (specify)

Describe concern(s) that lead to this referral:

Have you discussed these concerns with the student: Y   N

*A copy of this document will be kept by the staff in the counseling center.*