

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.
-

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

Loss or grief

Anger management

Substance misuse or abuse

Health concerns

Relationship problems

Academic difficulty

Stress management

Anxiety

Depression

Residence hall violation

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.