Paine College Counseling Center
Referral Form

Student Name: ___________________________ Date: _________

Student Classification: _____ Student Telephone: ________________

Residence: _____ On-Campus _____ Off-Campus _____ Other

Person Making Referral __________________________ Telephone: __________

Reason for Referral: (Please Check All That Apply)

____ Personal/Family

____ Residence Hall Concern(s)

____ Alcohol/Substance Abuse

____ Academic

____ International Advising

____ Medical

____ Threat to self/others

____ OTHER (Please Explain)

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

For Office Use Only:

Follow-Up: __________________________

Appointment Date: _________ Time: _________ Counselor’s Initials __________

Updated 1/5/2007 rcs