ASU Counseling Center Referral Form
Suite 2203, Reng Center
972-2318 Fax: 972-3375

Referring Source ____________________________________________

Name ____________________________________________ Office

Referral Source and email address ____________________________________ Phone number ______________

Student being referred ____________________________________ ID # ______________________________

Reason for referral ____________________________________________

____________________________________________________________________________________

Authorization to Exchange Confidential Information: Psychologists’ and Counselors’ ethical guidelines require a
signed release of information before they can discuss any information about a client. Please have the student
read and sign below if they agree to allow communication regarding this referral. A copy of this signed form
should be kept in the referring source’s file, a copy should be provided to the Counseling Center, and a copy
should be provided to the student to bring to the initial appointment This document, when signed by the
student, will allow limited communication between the counselor and the referring source. Only information
confirming that the student followed the referral will be provided. Content of counseling sessions will not be
shared with the referring person.

A referral to counseling is an opportunity to grow, to change attitudes, habits, and/or behaviors that are
problematic. Counseling may also provide support needed to overcome negative situations or feelings that are
disrupting your life.

After referral, the client is responsible for keeping the initial appointment at the ASU Counseling Center and will
bring the referral form to the Center at that time. The counselor will perform an assessment during an intake
interview, and the client, in consultation with the counselor, will set appropriate goals for counseling. Counseling
sessions will continue until such time that the counselor and client mutually agree that adequate progress has
been made toward the client’s goals.

I ____________________________________________ have read the paragraph above and I give the referring source and
the staff of the ASU Counseling Center permission to communicate regarding my follow through on this referral.

_____________________________________________ Date

Signature of Client

_____________________________________________ Date

Signature of Referral Source

A student should only sign this form when they are willing to give permission for the referring source to know
that they have followed through with the referral.

For Counseling Center Staff Use for Report to Referring Source

___________ Client kept initial appointment

___________ Client did not keep initial appointment

NOTE: A student does not need a referral form in order to receive treatment at the Counseling Center. This form is only a facilitation device for making efficient referrals.