

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

Referring Source \_\_\_\_\_

Name	Office
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Referral Source and email address \_\_\_\_\_ Phone number \_\_\_\_\_

Student being referred \_\_\_\_\_ ID # \_\_\_\_\_

Reason for referral \_\_\_\_\_

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**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.

_____ Signature of Client	Date	_____ Signature of Referral Source	Date
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**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.**

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**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.**