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Office of Counseling and Disability Services Referral Form

King Frazier Student Center, 2nd Floor, Room 233

912-358-3129

 Referral Source

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referral Source email address phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Reason for Referral\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Authorization to Exchange Confidential Information: Social Workers’ 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 Office of Counseling and Disability Services, 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 social worker/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.***

***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.***

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 SSU Office of Counseling and Disability Services and will bring the referral form to the office at that time. The social worker/counselor will perform an assessment during an intake interview, and the client, in consultation with the social worker/counselor, will set appropriate goals for counseling. Counseling sessions will continue until such time that the social worker/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 Office of Counseling and Disability Services permission to communicate regarding my follow through on this referral.

 Signature of Client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_ Signature of Referral Source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_

\*\*Note: 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 Office of Counseling and Disability Services Staff Use for Report to Referring Source**

 Client kept initial appointment

 Client did not keep initial appointment

Social Worker’s or Counselor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_