



Counseling Center Referral Form

FB 054 Phone: 552-2365 Fax: 552-3325

Referring Source _____
Name Department

Referral Source email address _____ Phone number _____

Student being referred _____ ID # _____

Reason for Referral _____ Initial Visit Due _____

Signed Release: Psychologists' and Counselors' ethical guidelines require a signed release of information before discussing a client's progress. Please have the student read and sign below. A copy of the signed form should be kept in the referring source's file, a copy returned to the UTPB Counseling Center and a copy should be provided to the student to bring to the initial appointment. A report of the student's attendance will be returned upon the completion of counseling sessions.

A referral to counseling is an opportunity to grow, to change attitudes, habits, and/or behaviors that are problematic. The purpose of counseling is for the client to make positive changes leading to an enhancement of their personal life and academic career. After referral, the client is responsible for promptly making an initial appointment at the UTPB 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 determined by the counselor, such time that the counselor and client mutually agree that adequate progress has been made toward the client's goals or as directed by the University. If the client fails to follow through with appointments, drops out or does not work to show progress (cancels, reschedules or fails to come to appointments twice consecutively or otherwise is non-compliant), the referring party will be notified that the client is failing to follow-through with the agreed upon counseling plan.

Only progress, or the lack of progress will be reported to the referring source; all information shared in counseling sessions is confidential and will not be shared.

I _____ have read the paragraph above and understand that failure to
Student's Name Printed
follow through with the referral as stated above will result in notification of the referring source. I also give the referring source and the staff of the UTPB Counseling Center permission to discuss my progress or lack of progress.

Signature of Client Date Signature Referral Source Date

For Counseling Center Staff Use to Report Progress to Referring Source

Client made and kept appointments regularly. _____

Client made, kept some appointments. _____

Client did not make and/or keep appointments. _____

Counselor Comments:

Psychologist's or Counselor's Signature Date Referral for Counseling Services 09/06