

COUNSELING REFERRAL FORM

StudentName: _____

I am referring you to Counseling Services for personal confidential counseling at no cost to you. A copy of this referral form has been forwarded confidentially to the Director of Counseling Services, Dr. Vicki Bernard, Gillespie Hall, Room 110C, 314 340-5068.

My referral is based on the following reasons or behaviors:

Please understand that although I am referring you to counseling services, it is voluntary and you are not required to go. I do however; believe that it is in your best interest to do so. Please call 314 340-5089 to schedule an appointment with Dr. Bernard or 314 340-5068 to schedule an appointment with Mr. Johnson.

I hope that you will take advantage of the opportunity to gain assistance with your issue so that you can successfully achieve academic success and personal well being.

Name of Staff/Faculty Contact number

Date