Southern University at Shreveport

Confidential Counseling Center Referral Form

Referral Source _____ Department _____

Daytime Contact Number _____ Email Address _____

Student Referred _____ Address _____

Daytime Contact Number _____ Email Address _____

Referral is supported by the following reasons or Retention deficits:

☐	Anxiety Disorder	☐	Attendance
☐	Mood Disorder	☐	Failing Grades
☐	Eating Disorder	☐	Drop from school
☐	Psychological Disorder	☐	Depression
☐	Personality Disorder	☐	Anger Management
☐	Impulse and Addiction Disorders	☐	Other: _____

Only progress or lack of progress information will be shared with the referring source

I _____ understand that failure to follow through with the referral will result in notification to the referring source.

_____ _____

Signature of Client Date Signature of Referral Person Date