Counseling Referral Form

SGSC Student: Please read the following information and answer where indicated. FULLY complete, print, and turn this form into the SGSC Counselor.

1. The first meeting with the counselor will be for a consultation to determine what services will be most helpful to you. During your consultation, you will be asked to complete an Intake Form. Upon completion of the Intake Form, and, depending on your individual concerns, the counselor may suggest several possible courses of action. If personal counseling is recommended, it will be necessary to schedule a regular time to meet with the counselor.

2. All information discussed during the counseling session(s) is strictly confidential. However, due to state law some exceptions apply including:
   A. Imminent danger of harm to self or others
   B. Knowledge of physical abuse, sexual abuse, or neglect of a child or an elderly person
   C. Court ordered subpoenas

3. Appointments usually begin on the hour and last for 50 minutes.

4. If you are unable to keep your counseling appointment, please contact the counselor 24 hours in advance to cancel or reschedule. If the counselor is unable to meet with you during your scheduled time, you will be contacted at the telephone number you provide.

I have read and understand the conditions listed above and agree to them,

_____ _____
Signature Date

_____ _____
Counselor's Signature Date

Directions: Use an "X" to indicate when you are NOT available for a counseling appointment.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
9:00 – 9:50 a.m.				
10:00 – 10:50 a.m.				
11:00 – 11:50 a.m.				
12:00 -- 12:50 p.m.				
1:00 – 1:50 p.m.				
2:00 – 2:50 p.m.				
3:00 – 3:50 p.m.				
4:00 – 4:50 p.m.				
5:00 – 5:50 p.m.				

If your situation is an emergency requiring immediate attention, please contact Campus Police at 260-4444 (Douglas Campus) or 911!

(OVER)

Personal Information Form

Full Name: _____ Called by:_____

Date: _____Address: _____

Phone Number I can use to contact you to schedule an appointment: _____-_____-_____

Cell Phone #: _____-_____-_____ E-Mail: _____

Student ID #: _____ DOB:_____-_____-_____ Age:_____ Sex: F M

Classification	Relationship Status		Ethnicity (optional)	
_____ Freshman	_____ Single	_____Separated	_____ Asian	_____ Hispanic
_____ Sophomore	_____ Married	_____Divorced	_____ Black	_____ Other
_____ Other	_____ Cohabitant	_____Widowed	_____ Caucasian	

Major:_____ GPA at SGSC: _____ Are you on Academic Probation? ____Yes ____No

Have you previously had counseling? _____Yes _____No

Have you previously received counseling at South Georgia State College? _____Yes _____ No

Are you currently receiving counseling services at another location? _____Yes _____ No

If you answered "yes"----when, how long, and for what purpose?

_____

_____

Please list any on-going health problems: _____

Specify any medications currently taken: _____

Have you experienced any recent or important loss? _____Yes _____No

If you answered "yes" ---Please specify: _____

_____

Please identify the concern(s) that you would like to address in counseling.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(OVER)