



Paine College Counseling Center Referral Form

Student Name: _____ Date: _____

Student Classification: _____ Student Telephone: _____

Residence: _____ On-Campus _____ Off-Campus _____ Other

Person Making Referral _____ Telephone: _____

Reason for Referral: (Please Check All That Apply)

_____ Personal/Family

_____ Residence Hall Concern (s)

_____ Alcohol/Substance Abuse

_____ Academic

_____ International Advising

_____ Medical

_____ Threat to self/others

_____ OTHER (Please Explain)

For Office Use Only:

Follow- Up: _____

Appointment Date: _____ Time: _____ Counselor's Initials _____