



Counseling and Psychological Services Referral Form

Name: _____ Date: _____

Student ID #: _____

Phone Number: _____

E-mail Address: _____

- Full-Time
- Part-Time
- EZ Start

Presenting Needs (List all presenting concerns, needs, current resources, etc.:)

Referred by:

- Self
- Faculty -Name: _____
- Counselor/Advisor- Name: _____
- Other- Name: _____

Past and Current Mental Health Services:

Past and Current Mental Health Diagnosis:

Other Information:

Please return this referral to: Candace D. Layne (laynec@mctc.edu, Office 101S) or e-mail to mctccounseling@mctc.edu. If you have any questions please call 304-710-3361 or 304-710-3388. If you feel the student is in immediate danger, please contact 911, MCTC Office of Public Safety, and/or Candace Layne, mental health counselor at extension 3388.