

# Counseling Referral Form Template PDF

## Client Information

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Gender:  Male  Female  Other
- Address: \_\_\_\_\_
- Contact Number: \_\_\_\_\_
- Email: \_\_\_\_\_
- Guardian (if minor): \_\_\_\_\_

## Reason for Referral

- Depression/Anxiety
- Self-Harm Concerns
- Academic Difficulties
- Behavioral Issues
- Substance Abuse
- Family Conflict
- Trauma/PTSD
- Other: \_\_\_\_\_

## Current Support System

- Parent/Guardian Support:  Yes  No
- Teacher/Staff Support:  Yes  No
- Peer Support:  Yes  No

## Interventions Attempted

- Classroom Modifications
- Parent Meetings
- Behavioral Plans

**Special Education Assessment**

**Other:** \_\_\_\_\_

### **Recommended Next Steps**

- **Individual Counseling**  **Yes**  **No**
- **Group Counseling**  **Yes**  **No**
- **Family Counseling**  **Yes**  **No**
- **Referral to Specialist**  **Yes**  **No**

### **Consent & Acknowledgment**

I, \_\_\_\_\_, consent to the counseling referral and understand the process.

**Client/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Referring Party Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_