



Referral Intake Form-Counselling Session

Date of Referral:

Referred By:

Faculty Name: _____

Role/Designation: _____

Student Information:

- **Name:** _____
- **ID Number:** _____
- **Age:** _____
- **Gender:** _____
- **Department/Program:** _____
- **Year of Study:** _____
- **Contact Information:** _____

Reason for Referral:

(Please check all that apply)

Academic Issues
 Behavioral Concerns
 Emotional/Mental Health Concerns
 Peer Relationships/Social Issues
 Family Concerns
 Other (specify): _____

Observed Signs and Symptoms:

(Check all relevant symptoms observed)

Emotional Indicators:

- Persistent sadness or low mood
- Frequent crying spells
- Excessive worry, fear, or panic
- Mood swings (extreme highs and lows)

Behavioral Indicators:

- Withdrawal from friends/activities
- Poor attendance or unexplained absences
- Disruptive behavior in class
- Lack of focus, forgetfulness, or disorganization
- Overuse of electronic devices/social media as avoidance

Physical Indicators:

- Fatigue or loss of energy
- Noticeable weight gain/loss
- Complaints of frequent headaches or stomachaches
- Neglect of personal hygiene or grooming

Risk Indicators:

- Expressing feelings of worthlessness or hopelessness
- References to self-harm or suicidal thoughts
- Reckless or self-destructive behavior
- Substance use (alcohol, drugs, etc.)

Other Observations:

- Difficulty coping with change or transitions
- Overwhelmed by academic or personal stressors
- Sudden change in personality or behavior

Additional Comments:

(Please provide specific incidents or examples, if applicable):

Immediate Actions Taken (if any):

(e.g., informed parent/guardian, consulted with faculty, etc.):

Preferred Time for Session:

During College Hours

(Please add appropriate Time for Scheduling a Session)

Counsellor's Notes (*To be filled by Counsellor only*):

Follow-Up Requirements (*To be filled by Counsellor only*):

Signatures:

Designation **Name** **Signature** **Date**

Referring Authority _____

Class Coordinator _____

Student Counsellor _____