



PRESIDENCY UNIVERSITY

Established under Section 2(f) of UGC Act, 1956 Approved by AICTE, New Delhi | Approved By BCI | NAAC 'A' Accredited

BENGALURU



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): _____
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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
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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	_____	_____	_____