

**Southeastern University Counseling Center**  
1000 Longfellow Blvd., Lakeland, FL., 33801  
(863) 667-5205

**COUNSELING REFERRAL FORM**

Thank you for your consideration and referral of your student to the Counseling Center. Campus Counselors work with students for a few brief sessions to establish treatment goals, and will refer to a counselor in the community for longer term care if needed. Observations you provide regarding the student are valuable to the treatment process, and we appreciate your input. Please note that while we will keep this form on file, it is important for students to take responsibility for their own mental health. Therefore *all counseling appointments must be made by the student client directly*. You may desire to walk through the steps with your student to help them help themselves and we encourage you to do so. Thank you for helping students follow-through with counseling needs.

Please ask your student to call Linda Rees (863) 667-5205 to schedule an intake appointment. If you feel this is a life-threatening emergency, please call 911. For other emergencies, ask Linda Rees to page the daily on-call counselor who will call you to discuss emergency procedures.

Name of student being referred: \_\_\_\_\_

Do they live on or off campus: \_\_\_\_\_ Phone #: \_\_\_\_\_

If on-campus, which residence hall: \_\_\_\_\_

If off-campus, do they live alone or with a roommate: \_\_\_\_\_

Name of person referring: \_\_\_\_\_ Ext. #: \_\_\_\_\_

Position held at Southeastern: \_\_\_\_\_

Reason for referral \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How much contact do you have with this student: \_\_\_\_\_  
\_\_\_\_\_

Referral: \_\_\_\_\_ Date \_\_\_\_\_

*Signature*