

General Referral for Counseling

Personal Information

First name:	Last name:
Age:	Date of birth:
Ethnicity:	Religion:
Marital status:	Number of children and their ages:
Sex/gender:	Date:

Home address:

Telephone:

Who do they live with?

Details of Person Referring

First name:	Last name:
Title:	Role performed while referring:
Contact number:	Contact email:

Reason for Referral/Incident Details

Provide details of why the person is being referred for counseling:

For example:

- Aggression
- Always tired
- Bullying (victim/bully)
- Sadness
- Motivation
- Fighting
- Self-harm
- Risk to others
- Scared
- Impulsive
- Change in behavior
- Worried
- Defiant
- Poor work
- Stealing
- Drug use
- Excessive drinking
- Nervous

List those behaviors (above and extra ones) for which the individual is being referred:

Description of any significant incident or examples of this behavior:

Actions taken by the person referring (or anyone else):

How urgent is a referral required? (0 – not important, 10 – extremely important)

0	1	2	3	4	5	6	7	8	9	10

Any risks to the individual or others that should be highlighted:

Anything else that should be taken into account?