Thomas E. Cook Counseling Center Non-Emergency Referral Form

Referring Source: _____
Name **Office**
Referral Source e-mail address: _____**Phone number**_____

Student being referred: _____**ID** #_____

Reason for referral: _____

_____

_____

Authorization to Exchange Confidential Information: Ethical and legal guidelines require a signed release of information before any information can be discussed about a client of the Cook Counseling Center. Please have the student read and sign below if an agreement is made to allow communication regarding this referral. A copy of this signed form should be faxed to the Cook Counseling Center. A copy should be provided to the student to bring to the initial appointment. This document, when signed by the student, will allow limited communication between the Cook Counseling Center and the referring source. Only information confirming that the student followed the referral will be provided. Content of counseling sessions will not be shared with the referring person.

NOTE: A student does not need a referral form in order to receive treatment at the Cook Counseling Center. This form is only a facilitation device for making efficient referrals. The referring source is always welcome to call the Cook Counseling Center to provide any additional information that you feel would be helpful or with any questions or concerns. **If this is a life threatening emergency, please call the VT Police or 911.**

Since any counseling that may arise out of this referral is voluntary, the student is responsible for keeping the initial appointment and will bring the referral form to the Cook Counseling Center at that time. The first session will be a 30 minute screening session to assess the nature of the concerns and to develop an appropriate plan.

I, _____have read the paragraph above and I give the referring source and the staff of the Cook Counseling Center permission to communicate regarding my follow through on this referral.

_____ _____ _____ _____
Signature of Student Date Signature of Referral Source Date

**Note: A student should only sign this form when willing to give permission for the referring source to know about the follow through with the referral.

For Cook Counseling Center Staff Use for Report to Referring Source:

_____ Student kept initial appointment.

_____ Student did not make or keep initial appointment within 2 weeks.

_____
Cook Counseling Center Staff Member's Signature Date