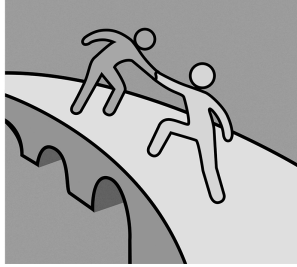


MHSAC WEST VALLEY COLLEGE



PERSONAL COUNSELING REFERRAL FORM

Name of Student: _____ ID #: _____

I am referring this student for personal counseling with:

<input type="checkbox"/> Health Services	408-741-2027
<input type="checkbox"/> Counseling Center	408-741-2009

The student is aware I have made this referral and would prefer to:

- initiate contact _____ (Student has contact information.)
- be contacted by referral source _____ Contact phone #: _____

Reason for Referral (brief summary of concerns - optional): _____

Due to the laws of confidentiality, exchanging information about personal counseling is only possible with written permission from the student.

Would you like to share information with the Personal Counselor if student permission is obtained?
 Yes No

Referred by: _____ Department: _____

Contact Phone: _____ Date: __/__/__

*** Please only submit this form via interoffice mail marked CONFIDENTIAL.**

.....
For completion by recipient of referral

Thank you for your referral of: _____

We have given this referral to the appropriate Personal Counselor.

Department: _____ Extension: _____

Processed by: _____ Date: _____