

# Counseling Referral Form

**SGC Student: Please read the following information, and answer where indicated.**

**Once completed, print this form and turn it into the SGC Counselor.**

1. The first meeting with the counselor will be for a consultation to determine what services will be most helpful to you. During your consultation, you will be asked to complete an Intake Form. Upon completion of the Intake Form, and, depending on your individual concerns, the counselor may suggest several possible courses of action. If personal counseling is recommended, it will be necessary to schedule a regular time to meet with the counselor.
  
2. All information discussed during the counseling session(s) is strictly confidential. However, due to state law some exceptions apply including:
  - A. Imminent danger of harm to self or others
  - B. Knowledge of physical abuse, sexual abuse, or neglect of a child or an elderly person
  - C. Court ordered subpoenas
  
3. Appointments usually begin on the hour and last for 50 minutes.
  
4. If you are unable to keep your counseling appointment, please contact the counselor 24 hours in advance to cancel or reschedule. If the counselor is unable to meet with you during your scheduled time, you will be contacted at the telephone number you provide.

**I have read and understand the conditions listed above and agree to them,**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date

**Directions:** Use an "X" to indicate when you are **NOT** available for a counseling appointment.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
10:00 – 10:50 a.m.				
11:00 – 11:50 a.m.				
12:00 -- 12:50 p.m.				
1:00 – 1:50 p.m				
2:00 – 2:50 p.m				
3:00 – 3:50 p.m.				
4:00 – 4:50 p.m.				
5:00 – 5:50 p.m.				

**If your situation is an emergency requiring immediate attention, please contact Campus Police at 260-4444.**

**(OVER)**

# Personal Information Form

Full Name: \_\_\_\_\_ Called by: \_\_\_\_\_

Date: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number I can use to contact you to schedule an appointment: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

Student ID #: \_\_\_\_\_ DOB: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_ Sex: F M

Classification	Relationship Status	Ethnicity (optional)
<input type="checkbox"/> Freshman	<input type="checkbox"/> Single <input type="checkbox"/> Separated	<input type="checkbox"/> Asian <input type="checkbox"/> Hispanic
<input type="checkbox"/> Sophomore	<input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Black <input type="checkbox"/> Other
<input type="checkbox"/> Other	<input type="checkbox"/> Cohabitant <input type="checkbox"/> Widowed	<input type="checkbox"/> Caucasian

Major: \_\_\_\_\_ GPA at SGC: \_\_\_\_\_ Are you on Academic Probation?  Yes  No

Have you previously had counseling?  Yes  No

Have you previously received counseling at South Georgia College?  Yes  No

Are you currently receiving counseling services at another location?  Yes  No

If you answered "yes"----when, how long, and for what purpose?

\_\_\_\_\_  
\_\_\_\_\_

Please list any on-going health problems: \_\_\_\_\_

Specify any medications currently taken: \_\_\_\_\_

Have you experienced any recent or important loss?  Yes  No

If you answered "yes" ---Please specify: \_\_\_\_\_

\_\_\_\_\_

Please identify the concern(s) that you would like to address in counseling.

\_\_\_\_\_  
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