



# San Joaquin Delta College Counseling Services

## CONFIDENTIAL COUNSELING REFERRAL FORM

Please fill out this form and return to San Joaquin Delta College Counseling Center in DeRicco building 2<sup>nd</sup> floor, office 234, Attn: Dean of Counseling & Special Services  
Phone: (209) 954-5151, ext. 6279 or ext. 6278

To arrange a meeting with a campus counselor, faculty and staff are encouraged to refer students in need of counseling services with this referral form. We strongly recommend that you speak to the student first regarding your concern, and then inform him/her of the referral to Counseling Services. **If there is an emergency and /or the student is in crisis, please call Campus Police immediately at 954-5000 or dial 911 from any campus phone.** Thank you in advance for your concern for this student.

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

Referred By: \_\_\_\_\_

Department: \_\_\_\_\_ Phone/Ext: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Delta ID#: \_\_\_\_\_

### Preferred Student Contact Method:

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If contacted by phone, may we leave a message? \_\_\_Yes \_\_\_No

Email Address: \_\_\_\_\_

**Reason(s) For Referral:** (Please explain the presenting problem and share your observations.)

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

Check this box to indicate if student declined counseling services that have been offered.

Faculty/Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*If you have a special circumstance, complete this section to request a counselor to visit your location: (ex: death of a classmate/instructor, witness to a violent/traumatic act, etc.)**

Faculty Office  Faculty Classroom Preferred Counselor \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

**ACTION TAKEN: (COMPLETED BY COUNSELOR/MANAGER and return to CSS Dean)**

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

**Counselor/Manager Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_