



COUNSELING & PSYCHOLOGICAL SERVICES

STUDENT REFERRAL FORM

Counseling & Psychological Services provides free & confidential counseling for Holy Names University students. To set up an appointment to see a counselor, students can stop by

Durocher Hall room A7, call 510/436-1530, or email counseling@hnu.edu

You are encouraged to use this form to share your specific concerns with Counseling Services. In respect of the privacy & confidentiality of students Counseling Services cannot, without written permission from the student, communicate about confidential counseling matters or release information regarding that student's participation in counseling.

Date: _____ Name of Student: _____

Reason for Referral:

Is this student currently in danger of hurting him/herself or others? No Yes

If yes & there is an immediate threat, call 911. Otherwise, please submit this form & call 436-1530 to alert Counseling Services to the urgent nature of the referral.

Your Name: _____ Are you: Faculty Staff
 Student Other _____

**IF YOU WOULD LIKE TO DISCUSS YOUR CONCERNS BY PHONE, PLEASE CALL
510/436-1530.**