WEST VALLEY COLLEGE
PERSONAL COUNSELING
REFERRAL FORM

Name of Student: __________________________ ID #: __________________

I am referring this student for personal counseling with:

___ Health Services 408-741-2027
___ 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: __________