



Confidential Mental and Behavioral Health Referral Form

Instructions: To make a student referral for evaluation and counseling, please complete this form and email it to VCREferralEmail@victor.org. Please be sure to retain a copy for your records. Please advise student that a counselor from VCSS will be calling them to follow up on referral. It is recommended that you complete the referral form with the student in order to complete the form thoroughly.

Date of referral: _____ Name of person making referral: _____

Telephone: _____ Email: _____

Relationship to student being referred: Counselor Teacher Campus Police
 Other: _____

May we contact you regarding the referral: Yes No Best way to contact you: Phone Email

Name of student being referred: _____ Age: _____

Student Phone #: _____ Is it ok to leave messages: Yes No

Insurance Provider: _____ Insurance Number: _____

Social Security No.: _____ (This information is needed to check the student’s insurance.)

I would like to refer the above student for evaluation and counseling. I am concerned about the following (please indicate specific observations about changes in attitude, behavior, and/or appearance): Check as many as apply.

- Argumentative or Uncooperative
- Aggressive or Disruptive Behavior
- Emotional Outbursts
- Social Isolation or Withdrawal
- Other:
- Suicidal/Homicidal Ideation
- Excessive Absences
- Poor Academic Performance
- Changes in behavior or Appearance

CRISIS SITUATIONS: If a student is in an immediate crisis (threatening harm to self or others), please refer the student to an emergency service provider (911, Campus Police, Valley Star Crisis Walk in Center, Community Crisis Response Team, etc.). Please note in the “Other” section above if you provided student with a crisis referral and to where.