Counseling Referral Form

Client information	
Name: Sarah Linton	Age: 28
Date of birth: December 5, 1996	Sex: Female
Address: 45 Maple Street, Springfield, IL	
Contact information: (555) 123-4567	Date of referral: January 5, 2025
Relevant medical/health history:	
Diagnosed with generalized anxiety disorder in 2021.	
Details of the person referring	
Name: Dr. John Smith	Title/position: General Practitioner
Role performed while referring: Primary care physician	
Contact information: (555) 987-6543	
Address: 90 Oak Avenue, Springfield, IL	
Referred specialist details	
Name: Dr. Lisa Hines	Title/position: Licensed Clinical Psychologist
Organization/practice name: Hines Therapy Services	
Contact information: (555) 222-3344	
Clinic/office address: 120 Maple Drive, Springfield, IL	
Reason for referral	
Please select the reason(s) for referring the individual to counseling:	
☐ Violence	☑ Self-harm
☐ Impulsive behavior	☐ Drug use
☐ Always tired	☐ Threat to other's safety
☑ Anxious	☐ Alcohol abuse
☑ Change in behavior	☐ Scared
☐ Bullying (victim/bully)	☐ Nervous
☐ Challenging behavior	☐ Other (Specify):
☑ Lack of motivation	

Please provide a description of any significant incident(s) or specific example(s) of the behavior(s):

Sarah has been experiencing severe anxiety attacks at work, leading to frequent absences. She has also withdrawn from social activities she used to enjoy, like meeting with friends on weekends. Recently, she has expressed feelings of worthlessness and self-doubt.

Actions taken by the person referring (or anyone else):

Dr. Smith has provided Sarah with a temporary prescription for anxiety medication, but her symptoms remain persistent. Attempts to address her emotional concerns during appointments have not yielded significant improvement.

Any risks to the individual or others that should be highlighted:

There is a concern that Sarah may attempt self-harm again, as she has mentioned during appointments that she has been contemplating harming herself during moments of overwhelming stress. Immediate intervention is necessary to prevent further escalation.

Has the individual received any previous counseling or mental health services?

- (●) Yes
- ( ) No

If yes, please provide details:

Sarah has attended counseling sessions with a therapist in the past, but stopped after six months due to financial constraints. She has not been actively seeking therapy since then.

How urgent is the referral? (0 – not important, 10 – extremely important)

( ) 0 ( ) 1 ( ) 2 ( ) 3 ( ) 4 ( ) 5 ( ) 6 ( ) 7 ( ) 8 ( ) 9 (●) 10