

Student Wellness & Counselling Services

Confidential Referral and Consent Form

Please complete this form and deliver to Triage in Counselling Services.
Counselling Intake will reach out to the students and offer support.

1. Name of Student: _____ Student Number # _____

2. Reason for referral to counselling:

3. Is the Referral Urgent/Are you worried about the Students Safety? Yes ☐ No ☐

4. Name of Referral Source: _____ Position at Mohawk: _____

5. Contact Info: Phone _____ Email _____

6. Do you wish to be informed as to the status of the student?

Yes ☐

No ☐

Note: This is a CONFIDENTIAL service and student information can only be
given with the expressed written consent of the student

7. Signature of Referral Source: _____ Date: _____

For Student to complete -

8. I consent to being contacted by Counselling Services: Yes ☐ No ☐

9. Student Contact Info: Phone _____ Email _____

Signature of Student: _____ Date: _____

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Procedure for Internal Referral to Counselling Services

- 1** Complete the Referral Form and send Form to Counselling Services
- 2** Intake Counsellor will be provided the forms as soon as they are next available
- 3** Counselling will review forms, prioritize and reach out to students
- 4** Counselling will book an initial consultation with the student to assess needs (can be immediate if necessary)
- 5** Counsellor may refer the student to Counselling, ALS, the Health Centre, or contact Emergency Services
- 6** Counsellor will ask the student if they are willing to complete consent forms for feedback to the referral source
- 7** Upon completion of consent forms the Counsellor will contact the referral source with the outcome of the consultation (ie Student was referred to counselling)
- 8** If the referral source does not hear back please assume that counselling has no consent to share information