**LINGNAN UNIVERSITY**

**Counselling Services**

## Confidential

**Referral Form**

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| Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Gender: \_\_\_\_\_ Hall:\_\_\_\_\_\_\_\_\_ Contact Phone no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Programme: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_ |
| **Reasons for referral:**   |  |  |  |  | | --- | --- | --- | --- | | \_\_\_ Academic difficulties | \_\_\_Career Concerns | \_\_\_Conflict Resolution | | | \_\_\_Death / Loss | \_\_\_Family | \_\_\_Friendship / Dating | | | \_\_\_Mental Health | \_\_\_Physical Health | \_\_\_Sexual Abuse/ Harassment | | | \_\_\_Stress | \_\_\_Substance Abuse | \_\_\_Self Harm / Suicide | | | \_\_\_Others: |  | |  |   **Signs and Symptoms**   |  |  |  | | --- | --- | --- | | □ Withdrawal  □ Drop in Functioning  □ Mood Change | □ Energy Level  □ Nervousness  □ Negative Emotion | □ Unusual Behavior  □ Suicidal Risk | |
| Clarify Referral Problem / History: |
|  |
|  |
| Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of staff) |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Dept.)\_\_\_\_\_\_\_\_\_\_\_(Ext.) |

Please send the referral form to Counselling Service (Tel: 2616 7024), AM316, 3/F, Amenities Building or at [counsel@LN.edu.hk](mailto:counsel@LN.edu.hk)

***The information collected in this form will be kept confidential and only used for the purpose of personal counselling service. All information will be destroyed three years after the student graduates from/leaves the University.***