



COUNSELING AND CAREER DEPARTMENT  
REFERRAL LETTER

Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_:

I would like to refer this client to your office/Clinic/Agency for assistance.

Name of Client: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Presenting Problem:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Impression/Diagnosis, if any:

\_\_\_\_\_  
\_\_\_\_\_

Action taken, if any:

\_\_\_\_\_  
\_\_\_\_\_

Action/Service Required from your Office/Clinic/Agency:

\_\_\_\_\_  
\_\_\_\_\_

Other information relevant to the case (optional):

\_\_\_\_\_  
\_\_\_\_\_

Thank you for your assistance.

Yours sincerely,

\_\_\_\_\_  
Counselor/Clinician/Therapist



**UNIVERSITY OF SOUTHERN MINDANAO**  
Kabacan, Cotabato  
Philippines

**REFERRAL CONSENT FORM**

I, (name) \_\_\_\_\_, am informed of the process and responsibilities of the referral. I consent the Counseling and Career Department - University of Southern Mindanao to provide the services needed.

Student: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**UNIVERSITY OF SOUTHERN MINDANAO**

Kabacan, Cotabato

Philippines

**REFERRAL FORM**

(External Referral)

Referring Agency: Counseling & Career Department - University of Southern Mindanao

Date: \_\_\_\_\_

Address: CCD - USM, Kabacan, Cotabato

Contact #: (064) 572 - 2873

Referral Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Contact #: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Contact #: \_\_\_\_\_

Reason/s for Referral:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referred by (name & sign.): \_\_\_\_\_

Contact #: \_\_\_\_\_

Referred to (name & sign.): \_\_\_\_\_

Date Received: \_\_\_\_\_



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Kabacan, Cotabato  
Philippines

**REFERRAL FORM**  
(Internal Referral)

Name: \_\_\_\_\_ Yr/Cr/Sec: \_\_\_\_\_ Date: \_\_\_\_\_  
Client No.: \_\_\_\_\_ Contact no.: \_\_\_\_\_

Reason/s for referral: (Put a check if observed)

Emotional/Personal:	Social:	Academic:	Misbehavior	Physical:
<input type="checkbox"/> grief	<input type="checkbox"/> bullying	<input type="checkbox"/> absenteeism	<input type="checkbox"/> aggression	<input type="checkbox"/> lack of appetite
<input type="checkbox"/> excessive worrying	<input type="checkbox"/> family concerns	<input type="checkbox"/> career choice	<input type="checkbox"/> cheating	<input type="checkbox"/> low energy
<input type="checkbox"/> extreme sadness	<input type="checkbox"/> relationship concerns	<input type="checkbox"/> risk of failing	<input type="checkbox"/> disrespectful	<input type="checkbox"/> lack hygiene
<input type="checkbox"/> identity crisis	<input type="checkbox"/> peer concerns	<input type="checkbox"/> tardiness	<input type="checkbox"/> destruction of property	<input type="checkbox"/> lack of sleep
<input type="checkbox"/> suicidal thoughts	<input type="checkbox"/> withdrawn	<input type="checkbox"/> teacher problem	<input type="checkbox"/> indecent acts	<input type="checkbox"/> self-harm
Others: _____	Others: _____	Others: _____	Others: _____	Others: _____

Others/Additional Observation/s:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referred by (name & sign.): \_\_\_\_\_ Contact #: \_\_\_\_\_  
Relationship (to referred individual): \_\_\_\_\_ Referred to: \_\_\_\_\_  
Date Received: \_\_\_\_\_

Priority:  Emergency (NOW!)  High (as soon as possible)  Low (schedule when available)



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 Kabacan, Cotabato  
 Philippines  
**REFERRAL FORM**  
 (Internal Referral)

Name: \_\_\_\_\_ Yr/Cr/Sec: \_\_\_\_\_ Date: \_\_\_\_\_  
 Client No.: \_\_\_\_\_ Contact no.: \_\_\_\_\_

Reason/s for referral: (Put a check if observed)

- |                                             |                                                |                                          |                                                  |                                           |
|---------------------------------------------|------------------------------------------------|------------------------------------------|--------------------------------------------------|-------------------------------------------|
| Emotional/Personal:                         | Social:                                        | Academic:                                | Misbehavior                                      | Physical:                                 |
| <input type="checkbox"/> grief              | <input type="checkbox"/> bullying              | <input type="checkbox"/> absenteeism     | <input type="checkbox"/> aggression              | <input type="checkbox"/> lack of appetite |
| <input type="checkbox"/> excessive worrying | <input type="checkbox"/> family concerns       | <input type="checkbox"/> career choice   | <input type="checkbox"/> cheating                | <input type="checkbox"/> low energy       |
| <input type="checkbox"/> extreme sadness    | <input type="checkbox"/> relationship concerns | <input type="checkbox"/> risk of failing | <input type="checkbox"/> disrespectful           | <input type="checkbox"/> lack of hygiene  |
| <input type="checkbox"/> identity crisis    | <input type="checkbox"/> peer concerns         | <input type="checkbox"/> tardiness       | <input type="checkbox"/> destruction of property | <input type="checkbox"/> lack of sleep    |
| <input type="checkbox"/> suicidal thoughts  | <input type="checkbox"/> withdrawn             | <input type="checkbox"/> teacher problem | <input type="checkbox"/> indecent acts           | <input type="checkbox"/> self-harm        |
| Others: _____                               | Others: _____                                  | Others: _____                            | Others: _____                                    | Others: _____                             |

Others/Additional Observation/s:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Referred by (name & sign.): \_\_\_\_\_ Contact #: \_\_\_\_\_  
 Relationship (to referred individual): \_\_\_\_\_ Referred to: \_\_\_\_\_  
 Date Received: \_\_\_\_\_

- Priority:
- Emergency (NOW!)
  - High (as soon as possible)
  - Low (schedule when available)

\_\_\_\_\_  
 Guidance Counselor/College Guidance Coordinator  
 License Number: \_\_\_\_\_ (if applicable)  
 Expiry Date: \_\_\_\_\_ (if applicable)