

XAVIER UNIVERSITY OF LOUISIANA
Counseling & Psychiatric Services
1 Drexel Drive • Box D
New Orleans, Louisiana 70125-1098
Office: (504) 520-7315 Fax: 1-855-758-6211

Referral Form for Counseling & Psychiatric Services for Students

Date of Referral: _____

Student Name: _____ Student Contact # : _____

Student Email Address: _____

Referred by: _____ Phone Number: _____

Relationship of Referral Source to Student: please check what applies

☐ Faculty ☐ Staff Member ☐ Parent/Guardian ☐ Peer

☐ Other please specify _____

Email Address of Referral Source: _____

Signature of Referral Source: _____

Are you ok with us informing the student that you referred them to counseling?

☐ Yes ☐ No

Please inform us if the reason for the referral is academic, personal or other specific reason(s)?

Please submit this completed referral form via email to ckgant@xula.edu, or in-person via sealed envelope to St. Joe's Academic and Health Resource Center Suite 202 at Counseling & Psychiatric Services. The Director of Counseling & Psychiatric Services will email confirmation that received the referral form submission. You can also call 504-520-7315 to refer students.

Confidentiality: Counseling & Psychiatric Services staff members are unable to update the referral source if the student is attending counseling or the outcome of the referral. The Counseling & Psychiatric Services staff members can only provide a specific response if there is a signed authorization of release form from the student/client. We as clinicians follow our ethical and professional codes of conduct.

Response to Referral:
