



Life Pacific College

Counseling Referral Record

Please complete the following information (please print):

Name: _____
Last First Middle Initial

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (C) _____

Email: _____

As we discussed, I am referring you to:

Name of Agency/Counselor

Name of Agency/Counselor

Address

Address

Phone number

Phone number

Name of Agency/Counselor

Name of Agency/Counselor

Address

Address

Phone number

Phone number

Would you like a follow-up phone call to check your progress with the above referral?

Yes No

I understand that I am using a referral service at Life Pacific College (LPC). LPC is in no way responsible or liable for treatment received outside of the school. I understand that it is my responsibility to research my options before choosing a proper care provider. I also understand that

the fees posted on LPC's referral sheet are not absolute and it is my responsibility to double check all fees before agreeing to service.

I understand information in my file will be kept confidential and will not be released without my permission. All information is true to the best of my knowledge.

Student Signature

Date

For Office Use Only

Student follow up:

- Contacted student via phone (date ___/___/___)
- Contacted student via email (date ___/___/___)
- Left message for student (___/___/___)
- Unable to contact student (___/___/___)

Notes: _____

Receiving Staff Signature: _____

Follow up Staff Signature: _____