

Counseling Center  
1000 Seventeenth Avenue N.  
Nashville, Tennessee 37208-3051



Phone (615)-329-8861  
Fax (615)-320-6055

FISK UNIVERSITY COUNSELING CENTER

REFERRAL FORM

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Student Classification: \_\_\_\_\_  
Student Phone Number: \_\_\_\_\_  
Gender: \_\_\_\_\_

Residence:    \_\_\_ On Campus    \_\_\_ Off Campus    \_\_\_ Other

Person Making Referral: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for Referral (Check All That Apply)

- Personal/Family                      \_\_\_ OTHER (Please Explain \_\_\_\_\_)
- Grief
- Residence Hall Concern(s)
- Learning Difficulties
- Alcohol/Substance Abuse
- Academic
- Test Anxiety
- Financial Challenges
- Relationships
- Medical
- Threat to self/others

**For Office Use Only**

Follow

Up: \_\_\_\_\_

Appointment Date \_\_\_\_\_ Time: \_\_\_\_\_ Counselor's Initials \_\_\_\_\_