

MARS HILL UNIVERSITY

THE COUNSELING CENTER

~Mental Health & Disability Services~

Referral for Services through MHU Counseling Center

Please provide as much information as possible regarding the student you are referring for Counseling Center services and deliver the form via email, campus mail, or in person to the MHU Counseling Center, PO Box 6687, counseling@mhu.edu, Office 305 Robinson Infirmary/Wellness Center, 828.689.1196.

If you think the student is in immediate danger of hurting themselves or others, please call Campus Security at 828.689.1230 or 911. Campus Security will notify the University counselor.

Name of person making the referral: _____

Relationship to student: _____

Date of the referral: _____

Name of student being referred: _____

Action you would like to have taken (please check all that apply):

- Counseling Center staff contact the student
- Student contact Counseling Center staff for appointment
- No action necessary, referral being made to alert Counseling Center staff of concerns

- Student is being referred for Counseling Services. Please describe primary concerns: _____

- Student is being referred for consideration of Disability Services. Please describe primary concerns: _____

Thank you for your referral to the MHU Counseling Center. *With the student's permission*, the Counseling Center staff will notify you when the student has met with the counselor. Services through the Counseling Center are confidential. Further contact regarding this student will be made only with the student's expressed written permission. We do appreciate your support of the Counseling Center services and for your understanding of the confidentiality guidelines. ~Cassie & Judith