

Brothers Counseling Agency — Referral Form

A. REFERRING ENTITY INFORMATION

- Referring Person Name: _____
- Role: ☐ Priest ☐ Youth Minister ☐ School Counselor ☐ Principal ☐ Teacher ☐ Staff ☐ Other: _____
- School/Church Name: _____
- Phone: _____ Email: _____
- Student/Parishioner relationship: _____
- Preferred contact method: ☐ Phone ☐ Email

B. STUDENT / CLIENT INFORMATION

- Full Name: _____
- DOB: _____ Age/Grade: _____
- Parent/Guardian Name(s): _____
- Parent/Guardian Phone: _____
- Parent/Guardian Email: _____
- Address: _____
- Preferred contact method for parent/guardian: ☐ Call ☐ Text ☐ Email

C. REASON FOR REFERRAL (Check all that apply)

Emotional / Mental Health

- ☐ Anxiety ☐ Depression ☐ Grief ☐ Trauma ☐ Mood swings
- ☐ Social withdrawal ☐ Emotional regulation ☐ Low self-esteem
- ☐ Bullying (victim) ☐ Bullying (perpetrator) ☐ Panic symptoms

Behavioral / School Functioning

- ☐ Attendance issues ☐ Academic decline ☐ Behavioral concerns
- ☐ Discipline concerns ☐ Substance concerns ☐ Suspensions/Expulsions
- ☐ Conflict with peers ☐ Conflict with parents ☐ Screen/tech overuse



Family / Relationship

- ☐ Divorce/separation ☐ Parent-child conflict
☐ Relationship concerns ☐ Dating issues ☐ Family trauma

Faith / Spiritual Integration

- ☐ Faith-related stress or crisis
☐ Scrupulosity/Religious anxiety
☐ Moral injury / shame
☐ Desire for faith-integrated counseling

Other: _____

D. BRIEF DESCRIPTION (Required)

What is the main concern, and what has been observed?

E. RISK / SAFETY CONCERNS (Required)

In the last 30 days, has the student/client shown:

- ☐ Suicidal ideation
- ☐ Self-harm behaviors
- ☐ Threats toward others
- ☐ Abuse disclosure
- ☐ Severe emotional distress
- ☐ Substance-related risk
- ☐ Other: _____

If any checked, describe what occurred and what steps were taken (ex: parent notified, safety plan, emergency services, etc.):

F. SCHOOL / CHURCH ACTIONS TAKEN

- ☐ Spoke with student/client
- ☐ Spoke with parent/guardian
- ☐ Safety plan initiated
- ☐ School counselor involved
- ☐ Pastoral counseling offered
- ☐ Referred to outside services
- ☐ Called crisis services / 911
- ☐ Other: _____

G. PRIOR SERVICES (if known)

- Has student/client received counseling before? ☐ Yes ☐ No ☐ Unknown
- Any diagnoses known? ☐ Yes ☐ No ☐ Unknown
If yes, list: _____
- Any medications known? ☐ Yes ☐ No ☐ Unknown

H. CONSENT & COMMUNICATION (Very important)

- ☐ Parent/Guardian is aware of this referral
- ☐ Parent/Guardian consent has been obtained to share information
- ☐ Client (if 18+) consent has been obtained

Do you want BCA to coordinate with school/church?

- ☐ Yes (ROI required) ☐ No

I. BEST NEXT STEP REQUESTED

- ☐ Therapy intake for student/client
- ☐ Parent consultation
- ☐ Risk assessment
- ☐ Group counseling option
- ☐ Training for school/church staff
- ☐ Workshop request
- ☐ Other: _____



J. SUBMISSION INFO

- Submitted by: _____
- Date: _____

Submit securely by:

- Secure email: _____
- Fax: _____
- Phone: _____