



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: _____