

CONFIDENTIAL COUNSELING REFERRAL
West Hills Community College (Lemoore Campus)
*Please return completed referral form to your academic counselor/advisor
or Lataria Hall, DSPS Director.*

(*This box for Office Use Only*)

Student Name: _____
Last, First

Please provide information on your preferred method of communication.

Phone: _____ hm. cell.

Phone: _____ hm. cell.

E-mail address: _____

Check box(es) where messages may be left:

home cell e-mail

Date received: _____
Initial appt. date: _____
Notes: _____ _____ _____ _____

CURRENT CONCERNS: *Please explain your reason for requesting services.*

- Depression Grief and loss Addiction or recovery issues Anxiety
- Difficulty adjusting to major life change Parenting issues or relationship issues Victim of abuse
- Other _____

CURRENT SYMPTOMS: *In the past month have you experienced any of the following?*

- Unusual weight gain or weight loss Change in sleep patterns Feelings of hopelessness
- Feeling like you want to die Loss of interest in activities you usually enjoy

Have you ever received mental health counseling before? Yes. No.

If "Yes," please give the name of previous counselor, or agency: _____

Do you have a primary care physician (PCP)? Yes. No.

If "Yes," please give the name of your PCP and their clinic: _____

Do you have insurance? Yes. No. If so, what type: _____

- SEE REVERSE -

CONFIDENTIAL INFORMATION:

Under California law, the content of mental health treatment is confidential with the exception of a few specific situations. This means that the DRAW therapist cannot release any information about you to anyone, including family members, without your written consent. Exceptions to this privacy include the following situations: the DRAW therapist is required to report child abuse, elder, or dependent adult abuse, and/or when a student presents a risk of harming themselves and/or others. Confidentiality may be broken in emergency situations. In addition to the previous exceptions, I understand patient information may be shared between the DRAW therapist, the DRAW facilitator, and the DRAW therapist's direct supervisor at Kings View Counseling Services. _____ (*initial*)

COUNSELING AGREEMENT:

I hereby agree to participate in counseling at my college. I understand I am responsible for scheduling and keeping appointments, and I further agree to give my DRAW therapist 24 hours notice in the event of illness or cancellation of any counseling session. I understand that the DRAW therapist will contact me via my preferred method of communication noted above. _____ (*initial*)

If you have any questions regarding any aspect of the above confidentiality policy or the counseling agreement, please do not hesitate to ask the office staff and/or your therapist.

I have read and understand the above information regarding counseling at my college.

Signature: _____ Date: _____

Protocol for DRAW referrals: West Hills Community College (Lemoore Campus)

- (1) Students can either self-refer by completing a DRAW referral or a staff/faculty member can assist student in completing the DRAW referral.
- (2) Referral is signed and:
 - a. Turned in to academic counselor/advisor or
 - b. Emailed to DSPS Director, Lataria Hall at latariahall@whccd.edu or
 - c. Turned in to Senior Secretary, Callie Branan in Student Services Building #100.
- (3) Hard copy of referral form is submitted to Lataria Hall.

If you have any questions please contact Lataria Hall at (559)925-3338 or Seng Leang at 559-380-6690 (cell) or 559-639-2014 (office).

If a student is at imminent risk of harming her/himself, or another person, you can:

- Call 911 – inform the dispatcher that it appears to be a mental health crisis.
- Call crisis services for Kings County 559-582-4484 and ask for a crisis evaluation.
- If it is safe to do so, take the student to the local ER.