

FOLLOW UP  
TO  
CONFIDENTIAL COUNSELLING REFERRAL

Date of Referral: \_\_\_\_\_

Student Name: \_\_\_\_\_

Status at time of referral: • **CRITICAL** • **Urgent** • **as soon as possible**

Current status: • **CRITICAL** • **Urgent** • **stable**  
• **follow up in \_\_\_ days**  
• **no further action required**

Referral by:            teacher            name \_\_\_\_\_  
                         administrator            name \_\_\_\_\_  
                         parent            name \_\_\_\_\_  
                         other            name \_\_\_\_\_

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The following action(s) resulted from your referral:

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\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CONFIDENTIAL**