

DELHI PUBLIC SCHOOL  
BHILAI



COUNSELLING  
SERVICES

FORM#

**COUNSELLING REFERRAL FORM**

Student's Name \_\_\_\_\_  
First Middle Last

Class \_\_\_\_\_ Section \_\_\_\_\_ Class Teacher \_\_\_\_\_

Admission Number \_\_\_\_\_ Class Roll Number \_\_\_\_\_ Date of Birth 

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DDMMYYYY

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Phone (R) 

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 Do Not Prefix STD Code Phone (O) 

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 Do Not Prefix '0' 

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 Cell Phone

Referred By:  Teacher  Parent  Self  Others \_\_\_\_\_

Student Lives With \_\_\_\_\_  
Mention All Family Members

**Clarify the reason(s) for referral** *(Describe the problem in detail including incidence(s)/evidence(s). Use additional pages if required)*

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**Actions taken by the person referring the student (If applicable)**

*(Please attach copies of any interventions attempted)*

**If the referral is a teacher / other**

Have you contacted the parent / guardian about your concern?  Yes /  No

If yes, then explain below the outcome of parent / guardian interaction:

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*Date of Contact*

Is the student receiving any other counselling services? (Apart from school counselling)  Yes /  No

**Counselling Services Consent**

COUNSELLING is a confidential process designed to help you address your concerns, come to a greater understanding of yourself, and learn effective personal and interpersonal coping strategies. It involves a relationship between you and the Health Wellness Teacher (HWT) who has the desire and willingness to help you accomplish your individual goals. Counselling involves sharing sensitive, personal and private information that may at times be distressing. During the course of counselling, there may be periods of increased anxiety or confusion. The outcome of counselling is often positive; however, the level of satisfaction for any individual is not predictable. Your HWT is available to support you throughout the counselling process.

**CONFIDENTIALITY**

All interactions with the DPS Counselling Services, including scheduling of or attendance at appointments, content of your sessions, progress in counselling, and your records are confidential. No record of counselling is contained in any academic, educational, or job placement file. You may request in writing that the counselling staff release specific information about your counselling to persons you designate.

**EXCEPTIONS TO CONFIDENTIALITY**

- Your HWT may consult with other counselling staff to provide the best possible care. These consultations are for professional and training purposes.
- If there is evidence of clear and imminent danger of harm to self and/or others, the HWT is legally required to report this information to the authorities responsible for ensuring safety.
- A court order, issued by a judge, may require the Counselling Services staff to release information contained in records and/or require the HWT to testify in a court hearing.

We appreciate prompt arrival for appointments. Please notify the HWT at (0788)2273545 / 2273535 in case you are late. A twenty-four hour prior notice of cancellation allows the HWT to use the time for others.

There is no fee for counselling services. If you are referred off campus to health, mental health, or substance abuse professionals you are responsible for their charges.

I have read and discussed the above information with the HWT. I understand the risks and benefits of counselling, the nature and limits of confidentiality, and what is expected of me as a client of the Counseling Services.

Date of Referral 

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DDMMYYYY

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Name and Signature of Person Making Referral