

**The Chinese University of Hong Kong  
Office of Student Affairs  
Wellness and Counselling Centre**

CONFIDENTIAL

**Referral Form for Psychological Counselling Service**

**From (Name):** \_\_\_\_\_ **Post:** \_\_\_\_\_

**College/Faculty/Department:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contact  
Tel:** \_\_\_\_\_

**To** : Section Head, Wellness and Counselling Centre, Office of Student Affairs  
(Fax no. 2603-7388 or email to [wacc@cuhk.edu.hk](mailto:wacc@cuhk.edu.hk))

I would like to refer the following student for psychological counselling:-

**Name :** \_\_\_\_\_ **Student I.D. No.:** \_\_\_\_\_

**College/Major/Year of Study:** \_\_\_\_\_ **Contact Tel. No.:** \_\_\_\_\_

**Problem(s)/Reason(s) for Counselling:**

- study difficulties
- absence without leave
- deterioration in academic performance
- mood/emotional disturbances
- behavioural abnormalities
- (please specify ) \_\_\_\_\_
- family problems
- others (please specify) : \_\_\_\_\_

Time since problem(s) has (have) surfaced:

- <1 month       <3 months       >3 months

Motivation to seek help:

- Low       Adequate       High

Student has already been informed of referral for psychological counselling service?

- Yes       No

(For non-local student only) Recommend for multicultural counselling service\*?

- Yes       No

Other Comments : \_\_\_\_\_

\*The information on this form will be shared with the outsourced service provider, which is responsible for providing multicultural counselling service.