



Mental Health & Wellness Program
4303 Diamond Head Rd. 'Iliahi Rm 116
Honolulu, HI 96816
Ph: (808) 734-9585/ Fax: (808) 734-9456
www.kcc.hawaii.edu

CONFIDENTIAL REFERRAL FOR MENTAL HEALTH COUNSELNG SERVICES

Please take a moment to fill out the form below.
If this is an urgent matter, please contact Lori Ferreira, LMHC at (808) 734-9585

Student Name:	Date:
Current Major:	Student ID:
Contact Number:	Student Email:
	@hawaii.edu

Briefly Describe Reason For Referral:

Length of Time Issue Has Persisted:

Impact Upon Academic Performance and/or Classroom Participation:

Steps Student Has Taken to Resolve Issue:

Steps taken by Faculty/Staff/Administrators to resolve issue:

Important Notice: This form is only a referral form and is not to be included in student academic records. Copies of this referral form will be on file with the licensed mental health professional.

IMPORTANT INFORMATION

Referrals to the Licensed Mental Health Counselor (LMHC) of the Mental Health & Wellness Program may be made by counselors, department chairs or administrators, instructional faculty members, and staff members

Only currently enrolled KCC students are eligible for services.

Page 1 of this form can be completed by the student and/or referring person.

Completed referral forms can be submitted one (1) of three (3) ways:

- Emailed to lori808@hawaii.edu.
- Dropped off at my office 'Iliahi 116
- Dropped off at Vice Chancellor of Student Affairs Office

Referred by:

Department:

Email:

@hawaii.edu

Date:

Contact Number:

CONFIDENTIALITY

Does Student know you are making this referral: YES NO

Do you want Student to know you made this referral: YES NO

Would you like to me ask the student if you can be involved in the process: YES NO

***Please note ultimately the decision is up to the student, information shared will be determined by the student, not counseling staff*