

FOR INTERNAL USE ONLY

Date Received _____

Date Completed _____

Referral Request

BC University Counseling Services

Please answer the questions below - this information will help us best connect you to the appropriate clinician. We will do our best to respond via encrypted email (Virtru) within 1-2 business days.* Thank you.

Name: _____ Date: _____

BC ID #: _____

Phone: _____

Email: _____

1. Are you interested in psychotherapy or medication? (please mark either or both)

Psychotherapy
Medication

2. Please briefly explain what you would like to focus on in therapy (or what you want medication to address): (e.g. family, anxiety, trauma, depression, body image, ADHD, etc)

3. What location would be most convenient? (e.g. near BC, Cambridge, etc)

Do you have a car?

4. Would you like to use your health insurance? If so, what insurer (e.g. Blue Cross Blue Shield, Cigna, United, etc.)?

What type of plan do you have? HMO PPO BC Student Plan

5. Is there anything else we should know about you or what you're looking for in a therapist to find you the best match?

For additional resource, please visit www.bc.edu/offices/counseling and click on "Feel Better Now".

*To maintain compliance with HIPAA data privacy regulations a response to your referral request will be sent to you as an encrypted email via Virtru. Virtru is easy to set up and protects your privacy so that you don't have to trust Google with your private data. Be sure to check your Spam folder for this encrypted email.
