

# Student Crisis Intervention Referral Form

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

Student Name (Print): \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Student Contact Number(s): \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Instructor Name (Print): \_\_\_\_\_

Staff Name (Print): \_\_\_\_\_

I am referring you to a member of BPCC's Personal Crisis Intervention Team (PCIT) The referral is based on the following concerns:

---

---

---

---

---

---

The referral process is voluntary and in no way required. Please contact Denise Morgan to set up an appointment. (Phone: (318) 678-6276 Email: dmorgan@bpcc.edu)

Our PCIT will advocate for the student in need. All information shared by the student during the crisis intervention referral process is confidential. Exceptions to the confidentiality are guided by the Louisiana state law, ethical standards, and professional practice. You will be informed about exceptions to confidentiality prior to speaking to a team member.

**Please take advantage of meeting with one of our PCIT members.**

\_\_\_\_\_ Accept      \_\_\_\_\_ Decline

\_\_\_\_\_  
Faculty/Staff Signature

\_\_\_\_\_  
Student Signature  
\_\_\_\_\_  
Date (sent to PCIT)