

REFERRAL TO OTHER MENTAL HEALTH PROFESSIONALS OUTSIDE MCL

IMPORTANT INFORMATION

- This document serves as a referral to seek consultation to other qualified mental health professionals.
- This document must be in duplicate for documentation purposes.
- This document is strictly confidential

To _____,

We are respectfully referring Ms./Mr. _____, ____ years old, a student/employee in our institution, who was initially seen and evaluated due to the following manifestations: _____. He/She was given basic mental health support by the Center for Guidance and Counseling (CGC) / Center for Health Services and Wellness (CHSW) of Malayan Colleges Laguna and was advised to seek consult for further evaluation and management.

It is our aim to provide holistic support for the best interest of our student/employee. Hence, we are requesting a MEDICAL CERTIFICATE with the following information to be submitted to CGC or CHSW as soon as possible:

- Medical diagnosis or medical impression
- Current management
- Medication List (if applicable)
- Remark if fit to go to classes or fit to work*
(*REQUIRED in cases with suicidal ideation/attempt, self-harm or attempt to harm others)
- Other recommendations (if applicable)

Please note that all of these information will be treated with strict confidentiality and will only be used as a reference and guide for us to offer the support he/she requires towards recovery.

Respectfully,

Mental Health Professional/MH Worker

Date

CONFORME:

Printed Name and Signature of Service User / Date

Printed Name and Signature of Parent(s)/Guardian/Carer / Date