

**Referral Request**  
**Murray Center for Student Wellness**  
**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 secure message\* on your Student Health Portal within 2-3 business days.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**BC ID #:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

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

**1. Are you interested in psychotherapy or medication?**

- Psychotherapy
- Medication

**3. What location would be most convenient?**

**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?**

***Please visit <https://bc.studenthealthportal.com/> to upload this form to your Student Health Portal. For questions about referrals you may contact Nikki Pollard, LICSW, Senior Staff Social Worker & Case Manager at [pollarni@bc.edu](mailto:pollarni@bc.edu).***