

CULTURALLY DIVERSE PSYCHOLOGICAL SERVICE

GENERAL REFERRAL FORM

(If a GP / Psychiatrist / Paediatrician please use GP Referral Form)

Eligibility: The service is for clients from a CALD background, 12 years and older with mild to moderate psychological presentations with barriers to accessing MBS psychological services. Individuals must reside in the Perth metropolitan area (Perth North and Perth South Primary Health Network areas).

Clients will receive short-term clinical intervention (up to 10 sessions) of culturally appropriate and evidence-based support from a psychologist or registered counsellor. Interpreters are used as needed. The service does not incur a fee.

The client needs a General Practitioner (GP) referral after 2 counselling sessions with the service (please support the client to consult a GP for a referral if able).

Exclusions: Clients who are at high risk, or with complex and severe mental health illness, for example: psychotic disorders, personality disorders, bipolar disorder, complex PTSD, learning disorders, major drug and alcohol issues. This is not a crisis service.

CLIENT DETAILS									
SURNAME				FIRST NAME					
GENDER	MALE	FEMALE	OTHER	DATE OF BIRTH			AGE		
ADDRESS							POST CODE		
TELEPHONE	MOBILE			WORK			HOME		
EMAIL ADDRESS									
CLIENT CONSENT TO REFERRAL	YES	NO	BEST TIME/SAFE TO CONTACT					SMS PHONE CALL	EMAIL
HEALTHCARE CARD	YES	NO	CARD EXPIRY DATE						
COUNTRY OF ORIGIN				RESIDENCY STATUS IN AUSTRALIA					
ETHNICITY				RELIGION / SPIRITUALITY					
LANGUAGES SPOKEN			PREFERRED LANGUAGE			INTERPRETER NEEDED YES NO			
RELATIONSHIP STATUS				OCCUPATION					
IF CHILD, NAME OF CARER / LEGAL GUARDIAN				CARER / LEGAL GUARDIAN CONSENT TO REFERRAL	YES NO				
CLIENT CONTACT NUMBER DIFFERENT FROM THE CARER/ LEGAL GUARDIAN	YES	NO	CARER / LEGAL GUARDIAN CONTACT NUMBER						

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REFERRAL DETAILS				
REASONS FOR REFERRAL				
OTHER RELEVANT INFORMATION				
SUICIDE IDEATION	YES	NO	LEVEL	High Low
SELF HARMING BEHAVIOURS	YES	NO	LEVEL	High Low
CLIENT RISK TO CHILDREN / OTHERS	YES	NO	If yes, details:	
LEGAL ISSUES / COURT ORDERS	YES	NO	If yes, details:	
CHILD PROTECTION CASE	YES OPEN	NO CLOSED	UNKNOWN UNKNOWN	
OTHER SERVICES CLIENT REFERRED TO				

REFERRER DETAILS	
NAME	
ROLE / PROFESSION	
PRACTICE / SERVICE	
ADDRESS	
TELEPHONE	
EMAIL ADDRESS	
REFERRAL SUBMITTED ON	(DD/MM/YYYY)

A GP Progress Letter will be generated after 6 sessions and a GP Final Letter upon treatment closure (usually after 10 sessions).

Please email completed Referral Form to cdps@lwb.org.au