CULTURALLY DIVERSE PSYCHOLOGICAL SERVICE
GENERAL REFERRAL FORM

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

Eligibility: The service is for clients of CALD background, 12+ years old with mild to moderate psychological presentations with barriers to accessing standard psychological services. Clients will receive short-term (up to 10 sessions) culturally appropriate and evidence-based psychological counselling. Interpreters are used as needed. The service is free and is Perth metro wide.
The client will still need a general practitioner (GP) referral to receive counselling 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, schizophrenia, bipolar disorder, complex PTSD, learning disorders, autism `spectrum disorders, attention related disorders, major drug and alcohol issues. Individuals must not currently hold refugee and asylum seeker status. 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 TO CONTACT			
MEDICARE CARD	**YES** ☐ **NO** ☐	**MEDICARE NUMBER**	
ETHNICITY		**COUNTRY OF ORIGIN**	
PREFERRED LANGUAGE		**RELIGION / SPIRITUALITY**	
LANGUAGES SPOKEN			**INTERPRETER NEEDED:** **YES** ☐ **NO** ☐
MARITAL STATUS		**OCCUPATION**	
IF CHILD, NAME OF CARER / LEGAL GUARDIAN		**CARER / LEGAL GUARDIAN CONSENT TO REFERRAL**	**YES** ☐ **NO** ☐

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REFERRAL DETAILS

REASONS FOR REFERRAL		
OTHER RELEVANT BACKGROUND INFORMATION		
SUICIDAL THOUGHTS	YES ☐ NO ☐	LEVEL High ☐ Low ☐
SELF HARMING BEHAVIOURS	YES ☐ NO ☐	LEVEL High ☐ Low ☐
CHILDREN / OTHERS AT RISK	YES ☐ NO ☐	
LEGAL ISSUES / COURT ORDERS	YES ☐ NO ☐	

REFERRER DETAILS

NAME	
ROLE	
AGENCY / SERVICE	
ADDRESS	
TELEPHONE	
EMAIL ADDRESS	
OTHER SERVICES SUPPORTING THE CLIENT	

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

LIFE WITHOUT BARRIERS