CULTURALLY DIVERSE PSYCHOLOGICAL SERVICE
GP REFERRAL FORM
(For GP/Psychiatrist/Paediatrician use only)

Eligibility: The service is for clients from a CALD background, 12+ years old with mild to moderate psychological presentations with barriers to accessing MBS psychological services. Clients will receive short-term clinical intervention (up to 10 sessions) culturally appropriate and evidence-based psychological support. Interpreters are used as needed. The service does not incur a fee but is predicated on a GP/medical referral.

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	
PRIMARY DIAGNOSIS	
SECONDARY DIAGNOSIS / CORMOBIDITIES	
MEDICATIONS (if relevant)	
SUICIDE IDEATION	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 ☐
OTHER SERVICES CLIENT REFERRED TO	
K10 SCORE (if another test, please specify)	
MHTP (please attach): Optional	YES ☐ NO ☐

REFERRER DETAILS

NAME	
ROLE / PROFESSION	
PRACTICE / SERVICE	
ADDRESS	
TELEPHONE & FAX	
EMAIL ADDRESS	

A GP Progress Report will be generated after 6 sessions and a GP Final Report after 10 sessions.

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