

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

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. Australian Citizens, Permanent Residents and those holding a valid Medicare Card. The service does not incur a fee but requires 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, bipolar disorder, complex PTSD, learning disorders, autism spectrum disorders, attention related disorders, major drug and alcohol issues. NDIS participants. This is not a crisis service.

CLIENT DETAILS

SURNAME				FIRST NAME			
GENDER	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	OTHER <input type="checkbox"/>	DATE OF BIRTH		AGE	
ADDRESS						POST CODE	
TELEPHONE	MOBILE:		WORK:		HOME:		
EMAIL ADDRESS				CLIENT CONSENT TO REFERRAL	YES <input type="checkbox"/> NO <input type="checkbox"/>		
BEST TIME TO CONTACT							
MEDICARE CARD	YES <input type="checkbox"/> NO <input type="checkbox"/>			MEDICARE NUMBER			
COUNTRY OF ORIGIN				YEAR OF ARRIVAL IN AUSTRALIA			
ETNICITY				RELIGION / SPIRITUALITY			
LANGUAGES SPOKEN			PREFERRED LANGUAGE			INTERPRETER NEEDED: YES <input type="checkbox"/> NO <input type="checkbox"/>	
RELATIONSHIP STATUS				OCCUPATION			
IF CHILD, NAME OF CARER / LEGAL GUARDIAN				CARER / LEGAL GUARDIAN CONSENT TO REFERRAL	YES <input type="checkbox"/> NO <input type="checkbox"/>		
CLIENT CONTACT NUMBER DIFFERENT FROM THE CARER/ LEGAL GUARDIAN	YES <input type="checkbox"/> NO <input type="checkbox"/>			CARER / LEGAL GUARDIAN CONTACT NUMBER			

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REFERRAL DETAILS

REASONS FOR REFERRAL			
PRIMARY DIAGNOSIS			
SECONDARY DIAGNOSIS / COMORBIDITIES			
MEDICATIONS (if relevant)			
SUICIDE IDEATION	YES <input type="checkbox"/>	NO <input type="checkbox"/>	LEVEL High <input type="checkbox"/> Low <input type="checkbox"/>
SELF HARMING BEHAVIOURS	YES <input type="checkbox"/>	NO <input type="checkbox"/>	LEVEL High <input type="checkbox"/> Low <input type="checkbox"/>
CLIENT A RISK TO CHILDREN / OTHERS	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, details:
LEGAL ISSUES / COURT ORDERS	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
IF CHILD PROTECTION CASE	YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>
	OPEN <input type="checkbox"/>	CLOSED <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>
OTHER SERVICES CLIENT REFERRED TO			
K10 SCORE (if another test, please specify)			
MHTP (please attach): Optional	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

REFERRER DETAILS

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

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

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



LIFE WITHOUT BARRIERS