

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 from a CALD background, 12+ years old 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) culturally appropriate and evidence-based psychological support. The service is free and interpreters are used as needed.

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, bipolar disorder, complex PTSD, learning disorders, major drug and alcohol issues. 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

OTHER RELEVANT BACKGROUND INFORMATION

SUICIDAL 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 SUPPORTING THE CLIENT			

REFERRER DETAILS

NAME	
ROLE	
AGENCY / SERVICE	
ADDRESS	
TELEPHONE	
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@lwb.org.au



LIFE WITHOUT BARRIERS