

UQ Psychology Clinic

Therapy Referral Form

The **UQ Psychology Clinic** welcomes referrals from people within the community wanting to refer themselves (or their children) to our services or from other professionals wanting to refer people to our services.

Important notes: As a training clinic, we do not take cases of a legal nature of any type, nor do we accept referrals for high-risk clients, actively psychotic clients, or students currently undertaking postgraduate psychology or counselling studies at UQ. We also do not provide crisis or emergency support. Please contact the Clinic to confirm if we are a suitable service for meeting your needs.

(A) REFERRER DETAILS	
We accept referrals from other professionals working with the client. If this is a self-referral , please leave this section blank and go to section (B) Client's Details	
Name and Title of Referrer	
Organisation	Allied Health (e.g., Psychologist, Speech Pathologist, Social Worker, OT) Medical Practitioner (e.g., GP, Family Medicine) Medical Specialist (e.g., Psychiatrist, Neurologist, Pediatrician) School (e.g., Teacher, Guidance Officer) Other
Address	
Contact Number	
Email	

(B) CLIENT DETAILS			
First Name		Middle Name	
Last Name		Preferred Name	
Date of Birth		Gender	
Sex at Birth		Preferred Pronouns	
Address		Postal Code	
Suburb		State	
Contact Number		Email	
Full-time University or TAFE student Please note: We do not accept referrals from current UQ Master of Psychology students		Yes No	



Concession Card	Yes	If YES, type of card:	Healthcare Card
	No		Pension Card Veteran Card
Concession Card Number and Expiry	<i>(Please note: Medicare card, Private Health Insurance card; and/or International Travel Insurance details are not required)</i>		
Have you or the client been to this clinic before:	No Yes If yes, date of last visit:		
Do you consent to be contacted by: (Please tick all that apply)	Telephone Email SMS		

(C) NEXT OF KIN DETAILS

Please ensure that the next of kin listed is a **local** contact.

Full Name			
Relationship to client			
Address		Postal Code	
Suburb		State	
Contact Number		Email	

(D) PARENTS/GUARDIANS DETAILS IF CLIENT IS A CHILD (i.e., under the age of 18 years) or AN ADULT UNDER GUARDIANSHIP ARRANGEMENTS

Please note: We are unable to take child cases without having the details of both parents unless there is a legal reason as to why a parent(s) does not have custody/guardianship.

PARENT 1 / GUARDIAN 1

Full Name			
Relationship to client			
Address		Postal Code	
Suburb		State	
Contact Number		Email	

PARENT 2 / GUARDIAN 2

Full Name			
Relationship to client			
Address		Postal Code	
Suburb		State	
Contact Number		Email	



(E) PARENTING PLAN, CONSENT ORDER, DOMESTIC VIOLENCE ORDER, GUARDIANSHIP ARRANGEMENTS, etc

In order for us to best meet the needs of your family, please send us a copy of any formal documentation detailing parenting arrangements, care arrangements, guardianship, consent order, domestic violence order, etc, as applicable. We will assume custody sits equally with both biological parents where formal documentation is not available.

I / We have sent copies of applicable documentation to ensure the Clinic is aware of parenting and other care arrangements for this child (or adult, if guardianship arrangements are in place), where applicable

Yes
No
Not Applicable

(F) SERVICE REQUIRED

Please select only ONE service.

If you need an additional service, please complete a separate Clinic Referral Form.

Individual therapy

Family therapy

Couples therapy

Triple P sessions (individual sessions)

(Individual, family and couples therapy are offered by both provisional psychologists and counselling students. Please indicate in the Reason for Referral section below if you have a preference for which type of professional you wish to see)

(G) REASON FOR REFERRAL

Please let us know your concerns so that we may properly assess how to best meet the needs of the client.
e.g. Types of symptoms or difficulties you are experiencing;

What you hope to achieve through therapy

(H) LEGAL MATTERS

Are there any current or pending legal matters relating to this referral?

No

Yes

If yes, please briefly describe the legal matter.

(Please note that provisional psychologists and counselling students are not considered experts in the eye of the court. Their views would not be taken into consideration in any legal matter)

(I) DISCLAIMERS

As the client (or parent/guardian of the client), please read and acknowledge the following disclaimers to ensure you can be added to our waitlist in a timely manner. If you are unable to check off one or more of the following, we would need to offer you other referral options:

I/we understand that...

Please read each item carefully and then check (✓)

The UQ Psychology Clinic is a training clinic, staffed by provisional psychologists and counselling students undergoing advanced postgraduate training, who are supervised by fully registered psychologists and counsellors.

All sessions are recorded for training purposes only. These recordings are kept private and confidential for the purposes of supervision only and are deleted on a regular basis.

We are unable to be seen at the UQ Psychology Clinic if there are current legal matters pending related to the referral issue. This is because provisional psychologists and counselling students are not considered experts in the eye of the court, and therefore would not be best placed to meet my/our needs in such situations.

I understand that the UQ Psychology Clinic is a training clinic and as such, provisional psychologists and counselling students are available to provide services for varying amounts of time. Should my situation mean that I require further sessions beyond the time my clinician is able to provide those services, I will be handed over to a new clinician when time and caseloads permit. I therefore understand that I cannot expect to stay with a particular clinician for any specified period of time.

All referrals to be sent to:

UQ Psychology Clinic
25 Upland Road
The University of Queensland ST LUCIA QLD 4072

T 07 3365 6451
F 07 3365 4466
E psyclinic@psy.uq.edu.au
W www.clinic.psychology.uq.edu.au