THE UNIVERSITY OF QUEENSLAND
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UQ Psychology Clinic

Assessment Referral Form

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

Important notes: As a training clinic, we do not accept referrals for high-risk clients, actively psychotic clients, or students currently undertaking postgraduate psychology or counselling studies at UQ. We do not offer ADHD or ASD assessments for those aged 26 years or older. We not complete capacity assessments for medico/legal/worker's compensation matters and we do not complete NDIS applications. We also do not provide crisis or emergency support.
Please see our website for further information or contact the Clinic to confirm if we are a suitable service for meeting your referral 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

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

Please include current legal name as listed on birth certificate or identification

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 Student number and expiry date: No

Concession Card	Yes No	If YES, type of card:	Healthcare Card Pension Card Veteran Card
Concession Card Number and Expiry	*(Please note: Medicare card, Private Health Insurance card; and/or International Travel Insurance details are **not** required)*		
Have you or the client been to this clinic before:		No Yes If yes, date of last visit:	

(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 parental responsibility/guardianship.

If the client is 18 years of age or older and self-referring, the referral is to be completed and submitted by them rather than a parent, unless they do not have capacity to do so.

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 parental responsibility 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) 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 experienced. What you hope to achieve through an assessment	

(G) 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)*

(H) 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.	☐

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