

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 health or education professionals wanting to refer clients for assessment.

Please note our service limitations before proceeding with the referral:

As a training clinic, we do not accept referrals for clients at high risk of suicidality, self-harm, or violence to self or others or clients experiencing active psychotic symptoms.

We do not accept referrals from 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 do not complete capacity assessments for medico/legal/worker's compensation matters and we do not complete NDIS applications.

Please see our website for further information or contact the Clinic on 07 3365 6451 to confirm whether 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 (A) blank and go to section (B) Client Details

Name and Title of Referrer	
Organisation	<input type="checkbox"/> Allied Health (e.g., Psychologist, Speech Pathologist, Social Worker, OT) <input type="checkbox"/> Medical Practitioner (e.g., GP, Family Medicine) <input type="checkbox"/> Medical Specialist (e.g., Psychiatrist, Neurologist, Paediatrician) <input type="checkbox"/> School (e.g., Teacher, Guidance Officer) <input type="checkbox"/> 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		Occupation	
Email			
Full-time University or TAFE student Please note: We do not accept referrals from current UQ Master of Psychology students		<input type="checkbox"/> No <input type="checkbox"/> Yes Student number: Expiry date:	
Concession Card <input type="checkbox"/> No <input type="checkbox"/> Yes Please note: Medicare card, Private Health Insurance card; and/or International Travel Insurance details are not required	If YES, type of card: <input type="checkbox"/> Healthcare card <input type="checkbox"/> Pension card <input type="checkbox"/> Veteran's Affairs card Concession card number: Expiry date:		
Have you/has the client been to this clinic before:		<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date of last visit:	
Are you/is the client of Aboriginal or Torres Strait Islander origin		<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander <input type="checkbox"/> Decline to answer	

(C) NEXT OF KIN/ EMERGENCY CONTACT DETAILS

Please ensure that the person 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 accept child referrals without having the details of **both parents**, unless there is a legal reason as to why a parent(s) does not have custody/guardianship. Please provide relevant details.

If the client is 18 years or older and self-referring, this referral form 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., Type of symptoms or difficulties experienced.
What you hope to achieve through an assessment (e.g. diagnosis, improved mental health, strategies, educational supports, funding, etc).

(G) LEGAL MATTERS

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

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

- ☐ No
☐ Yes If yes, please briefly describe the 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.

If you are a referring agent, please tick to confirm that you have communicated the following information to the client:

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.	
I am 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 within the university year. Should my situation mean that I require further sessions beyond the time my clinician is able to provide those services, I will be referred to another appropriate service. I therefore understand that I cannot expect to stay with a particular clinician for any specified period of time.	

All referrals should be sent to the UQ Psychology Clinic, preferably via email:

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

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