

## Mind Mode Referral Form

The following referral form can be used by anyone to refer a client to Mind Mode services. The form **MUST** be completed with the knowledge and collaboration of the intended client.

The preferred way for a client to be linked with Mind Mode is through registering using our online portal (accessible through our website) and by completing the 'Clinician Match-up Questionnaire' that is automatically emailed to you when you register.

We understand that this may not be the preferred method of contact for everyone and want to ensure all clients have an opportunity to access our services and this is why we have also provided this written referral option.

### **To complete:**

1. Please fill in the form noting that the more information provided, the faster we are able to find a suitable clinician and available appointment.
2. Complete and sign to permission to obtain and collect information portion of the form.
3. Complete and sign the declaration on the last page of the form.
4. Send the form to the Mind Mode admin team via:
  - Email: [admin@mindmode.com.au](mailto:admin@mindmode.com.au)
  - Fax: 02 9049 5021
  - Post: Suite 1/Level 2 - 310 Crown Street Wollongong NSW 2500

The potential client will receive either a phone call or email or both with the intention of completing a short questionnaire that allows us to gather the demographic and basic referral information needed to match the client to the best possible fit of a clinician and to make an initial appointment.

For further information, please contact our admin team on 02 4288 4667 (Wollongong) or 02 7228 8388 (Campbelltown) or submit a query through our website ([www.mindmode.com.au](http://www.mindmode.com.au)).

Our website also contains helpful information such as short bio's on each of our clinicians and downloads such as "What to expect when seeing a mental health clinician".

Thank you for choosing Mind Mode to walk with you on your wellbeing journey.

See you soon

The Mind Mode Team.

## Mind Mode Counselling Referral Form

### Referrer Details

**Name**

**Organisation**

**Relationship to client**

**Contact details**

### Client Details

**Title**

**Name**

**Last name**

**Name listed on Medicare Card**

**Date of birth** / . /

**Gender**

(Optional) **At birth, you were recorded as?**

Female

Male

(Optional) **What are your pronouns?**

She

He

They

Other (specify)

**Location preference:**

Wollongong

Campbelltown

Online

**Contact #**

**Email**

**Address**

Suburb

Postcode

**Seeking to be seen under:**

Medicare

NDIS

Victims Services

Dept Veterans Affairs Pension Card - White/Gold

Open Arms

Private Health

Workers Compensation

None/Private

Other:

**Country of birth (optional):**

**Preferred language:**

**Indigenous status (optional)**

Aboriginal/ Torres Strait Islander/Non-Indigenous

**Emergency contact**

Name

Relationship

Phone

**Availability for appointments (time/day)**

**Consent to contact referrer**

I hereby give permission for Mind Mode staff, including admin and clinical staff, to contact the referrer named above and obtain information related to my treatment.

*Signed:*

I hereby give permission for Mind Mode staff, including admin and clinical staff, to contact the referrer named above and release information related to my treatment.

*Signed:*

Psychologist Preference

**Name**

**Gender**

**Therapy Approach**

**Specialisation**

Reason for referral

**Goals for therapy:**

**Please circle any descriptors that may apply, this will help to match the best clinician to the needs**

- Depression
- Anxiety
- Stress
- Motivation
- Relationship difficulties
- Grief and loss
- Bullying
- Self harm and suicidal thoughts
- Legal issues requiring a legal report
- LGBTQIA+
- Gender and identity concerns
- Personality disorder
- Anger management
- Substance abuse
- Addiction
- Careers guidance
- Domestic violence
- Disordered eating
- Childhood trauma
- PTSD
- Autism
- ADHD
- Sexual assault
- Sexual abuse
- Trauma
- Assessment/Psychological testing
- Psychosexual concerns
- Chronic pain
- Chronic illness
- Parenting concerns
- Postnatal depression
- Psychosis
- EMDR preference

**Additional considerations**

*Please make note of any possible concerns or preferences. Please be aware that Mind Mode at times hosts service animals. Mind Mode can also provide walking therapy and home visits to those in need of these services.*

**Declaration**

*I declare that this referral has been made with my permission and with my collaboration.*

Name of person referred

Signature

Date