Referral Form

Please ensure all sections are completed.

Send completed forms to **Get Psych'd** via: **Fax:** (03) 9960 7575 or **Email:** intake@getpsychd.com.au

Get Psych'd is a private psychology service for youth and young adults. We encourage the referrer to engage the young person and seek their consent to be referred to **Get Psych'd**.

Has the young person given consent to the referral? Yes No

Get Psych'd is not a crisis service or after-hours service. If you require immediate assistance please contact Bendigo Health Mental Health Triage (or your local crisis service) on 1300 363 788 or in an emergency call 000.

Young Person Details

First name: Surname:

Gender: Male Female

Date of Birth:

Address:

Suburb: Post code:

Phone (home): Phone (mobile):

Email:

Preferred contact method/s: Home: Mobile: Email:

Language spoken at home:

Preferred language: Interpreter needed: Yes No

Cultural background:

Parent / Carer / Other Contact:

Name: Relationship:

Address:

Phone:

Referrer Details

Name of Referrer:

Relationship: Organisation:

Address:

Phone: Mobile:

Email:

Does the young person see any other services at the moment? (If yes, please tick appropriate box/es)

Drug & Alcohol	School Counsellor	Other Counsellor	Youth Justice
Community Services	Adult Mental Health	Child & Adolescent Mental Health Service (CAMHS)	

Other (Please specify):

Does the young person have a regular GP?

If yes, Name of GP: Clinic:

Will your service continue working with the young person? Yes No

Get Psych'd youth psychology

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Reasons for Referral			
Main Issues:			
Pre-existing diagnosis/relevant past history:			
What are your expectations of Get Psych'd:			
Other comments in regard to referral:			
Referral Contacts			
Is the parent/carer aware of the referral?	Yes	No	N/A
Who should we contact first in regard to this referral?			
Referrer	Parent/carer/other	Young person	
If we are unable to contact the young person, can we contact the parent/carer/other contact?			
Yes	No	N/A	

Please inform young person / referral contact that they will be contacted by phone.

Date of referral:

Referral completed by:

Signature:

Please be advised you will receive an automated confirmation of receipt of this referral.

Referrals will be responded to within 3 working days.

If you have not received a confirmation of receipt or had a response from us please call us on (03) 4416 3221.

83 Garsed Street
Bendigo, VIC 3550

Phone: (03) 4416 3221
Fax: (03) 9960 7575
getpsychd.com.au