

PSYCHOLOGICAL ASSESSMENT

REFERRAL FORM



Get Psych'd
youth psychology

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** for psychological assessment.

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

YOUNG PERSON'S DETAILS

First Name:

Date of Birth (dd/mm/yyyy):

Surname:

Sex:

Male

Female

Address:

Suburb:

State:

Postcode:

Phone (Mobile):

Phone (Home):

Primary Email:

Preferred contact method/s:

Home Phone

Mobile Phone

Email

PARENT / CARER / OTHER CONTACT

Name (First and Last):

Relationship:

Phone (Mobile):

Phone (Home):

Email:

Same address as young person:

Yes (go to next section)

No (please complete below)

Address:

REFERRER DETAILS

Name of Referrer:

Relationship:

Organisation:

Address:

Phone:

Email:

Phone: (03) 4416 3221

Fax: (03) 9960 7575

Address: 50-52 Mitchell Street, Bendigo, VIC

Post: PO Box 71, Bendigo, VIC 3552

Email: hello@getpsychd.com.au

PSYCHOLOGICAL ASSESSMENTS

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ASSESSMENT TYPE

Cognitive Assessment

Adaptive Behaviour Assessment

Not sure (help me!)

CLINICIAN PREFERENCE

Please indicate if you have a clinician preference.

Fees vary based on the qualification of the psychologist undertaking the assessment. We will do our best to accommodate any clinician preferences.

Registered Psychologist

Provisional Psychologist

Either (no preference)

ASSESSMENT GOALS

Please provide some information about what you are hoping to obtain from this assessment.

For example, getting an idea about possible strengths and difficulties for an individual? To support additional funding applications?

(select all that apply)

- Confirm or rule out cognitive impairments
- Understand cognitive abilities such as memory, attention, and problem-solving
- Guide interventions or individualised education plans
- Understand behavioural or emotional challenges related to cognitive issues
- Support applications for access to services or funding (e.g., NDIS)
- Identify any related conditions like anxiety or learning difficulties
- Help with planning for life transitions (e.g., primary to high school)
- Track changes in cognitive function or behaviour
- Inform strategies for treatment or behavioural management
- Address social communication challenges

RISK

Is the young person currently experiencing any of the following?

(select all that apply)

- Expressing thoughts of self-harm or suicide
- Engaging in self-harm behaviors
- Showing aggressive or harmful behavior towards others
- Experiencing severe anxiety or panic attacks
- Having frequent emotional outbursts (e.g., extreme anger, frustration, or sadness)
- Becoming very socially withdrawn or isolated
- None of the above

Please be advised you will receive an automated confirmation of receipt of this referral.
Referrals will be responded to within 2 weeks.
If you have not received a confirmation of receipt or had a response from us please call us.

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