

REFERRAL FORM

NEW CLIENT 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**.

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'S DETAILS

First Name:

Date of Birth:

Surname:

D D M M Y Y Y Y
Sex:

Male

Female

Address:

Suburb:

State:

Postcode:

Phone (Mobile):

Phone (Home):

Primary Email:

Preferred contact method/s:

Home Phone

Mobile Phone

Email

Language spoken at home:

Preferred language:

Interpreter needed:

Yes

No

Cultural background:

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 (Mobile):

Phone (Home):

Email:

Phone: (03) 4416 3221

Fax: (03) 9960 7575

Address: 45 Mundy Street, Bendigo, VIC

Post: PO Box 71, Bendigo, VIC 3552

Email: hello@getpsychd.com.au

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Does the young person see any other services at the moment: If yes, please select the appropriate option/s

Drugs & Alcohol

School Counsellor

Other Counsellor

Youth Justice

Community Services

Adult Mental Health

Child and Adolescent Mental Health Service (CAMHS)

Other If other, please specify:

Does the young person have a regular GP?

Yes (please complete below)

No (go to next section)

Name of GP:

Clinic:

Will your service continue working with the young person:

Yes

No

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 regarding 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 they will be contacted via phone.

Date of referral:

D D M M Y Y

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.

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