REFERRAL FORM

This form can be emailed to info@sensewell.com.au when completed.

Client Details	
Full Name: **Preferred Name:**	**Ethnicity:** **Language Spoken at Home:** **Interpreter Required: ☐ Yes. ☐ No.**
Gender:	**Identify as:** **Aboriginal: ☐ Yes. ☐ No.** **Torres Strait Islander: ☐ Yes. ☐ No.**
Date of Birth: (dd/mm/yyyy)	**Preferred Contact Method:**
Mobile Phone:	**Email Address:**
Residential Address: (please include Property Number, Street Name, Suburb, State and Postcode)	

Carer/Next of Kin/Emergency Contact	
Name & Relationship to Client: **☐ Parent. ☐ Guardian. ☐ Caregiver. ☐ Next of Kin.**	
Mobile Phone:	**Email Address:**

Referring Professional's Details – Person who completed this form
Profession: General Practitioner/Psychiatrist/Psychologist/Social Worker etc **Doctor's/Professionals Name:** **Clinic Name:** **Clinic Phone:** **Confidential Email Address:**
Does the client have any existing Mental Health diagnoses: (Please state if a preliminary diagnosis)

Please describe the clients current mental health status.
Presenting issues and client goals/needs
Please outline what this client is having difficulty with and what they would like to achieve by having psychological intervention:
Recommendations
Please outline any recommendations you have:
Risk Assessment
Suicide Risk Assessment: ☐ **Low.** ☐ **Moderate.** ☐ **High.** ☐ **Very High.**
History of Suicide Attempts: ☐ **None.** ☐ **< 5.** ☐ **> 5.** ☐ **Intermittently.** ☐ **Recurrent.**
History of Self Injury: ☐ **None.** ☐ **< 5.** ☐ **> 5.** ☐ **Intermittently.** ☐ **Recurrent.**
Further comments related to Suicide or Self-Injury risk:
Further comments related to Risk: (Eg is there a history of violence)
☐ **Emailing with this referral a copy of the client's current safety plan.**

Client Consent for this Referral

I understand that I am being referred to SenseWell Psychology for psychological services. I consent to SenseWell Psychology discussing this referral with the referrer listed above. (Please note if consent was verbal.)

Name: (Print) _____ Signature: _____ Date: _____