# Referral Form

**Curtin Clinic Cockburn at Cockburn Integrated Health** **Date:** _____

| **Client Details** | | | |
|---|---|---|---|
| Title: | Surname: | Given name/s: | Preferred name: |
| DOB: | Aboriginal/Torres Strait Islander: ☐ Yes ☐ No ☐ Both | | |
| Assigned Sex at Birth: ☐ Female ☐ Male ☐ Intersex ☐ Prefer not to state | | Gender: | Pronouns: |
| Address: | | | |
| Telephone: | Mobile: | Email: | |
| English as a Second Language: ☐ Yes ☐ No | | Preferred Language: | |
| **Emergency Contact/Next of Kin** | | | |
| Name: | | Relationship to Client: | |
| Phone: | | Email: | |
| **Referrer Information** | | | |
| ☐ Self-Referral ☐ Other | | | |
| Referrer Name: | | General Practitioner: | |
| Address: | | Practice Name: | |
| Phone: | | Phone: | |
| Email: | | Email: | |
| **Service Requested** | | | |
| ☐ Speech Pathology Cockburn ☐ Psychology ☐ Dietetics | ☐ Bentley Speech Pathology (Individual) | ☐ Bentley Speech Pathology Communication Groups | |
| **Telehealth Option** | | | |
| Please tick which box applies: ☐ Required ☐ Preferred | | | |
| **Psychology Referrals** | | | |
| Referrals via GP or Mental Health Professional **ONLY** - please complete the below safe assessment.<br>Please note that the Clinics are student-led so not all referrals are appropriate. Contact us if you have any questions or concerns. | | | |
| | Historical | Current | |
| Suicide Attempts or Self-harm: ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | |
| Legal Action Past/Pending: ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | |
| History of Violence: ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | |
| Substance Abuse: ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | |
| Attach referral letter from GP/Mental Health Professional<br>Please sign: _____ | | | |
| **Referral Details** | | | |
| Consent for Referral to Clinic Obtained: ☐ Yes ☐ No<br>Reason for referral: | | | |
| Relevant Past Medical History (include past allied health involvement; attach separate page if necessary): | | | |
| **Please send referrals to:** | | | |
| Email: cockburnclinic@curtin.edu.au \| Telephone: 9494 3751 | | | |

*Created 22/03/2024*