

JCU Psychology Clinic Referral Form

Date:/...../.....

Client Name:

If the Client is a child – Guardian/Parent/s Names/s:

Date of Birth: Age: Sex: M/F

Does the client identify as being of Aboriginal or Torres Strait Islander descent? Yes / No

Address:

..... Postcode:

Telephone: Home Mobile:

Is it acceptable to leave a message on home/mobile phone? Yes / No

Name of Referrer:

Address:

Phone: Mob: Email:

Type of Referral: Assessment / Therapy

Reason for referral:

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What prompted the referral at this time?

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Are you currently seeing anyone else about this issue?

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Personal Information Collection Notice: The JCU Psychology Clinic collects individual information for the purpose of providing psychological services to individuals and to communicate with individuals regarding the service they are receiving. If you do not provide accurate personal information, you may not receive the appropriate psychological service. The JCU Psychology Clinic will collect, use, protect and manage your personal information in accordance with the *Information Privacy Act 2009 (Qld)* and may be required to disclose personal information by applicable law, under compulsion of law by a court or government agency. Personal information is not disclosed to any third parties unless consented to by the relevant individual. Individuals may gain access to the personal information the JCU Psychology Clinic holds about them by contacting the clinic directly.