CQUniversity PSYCHOLOGY WELLNESS CENTRE

Lower Ground Level, Building 32, Bruce Highway, Rockhampton QLD 4702
Phone: 07 4923 2233 Fax: 07 4930 6999 Email: wellnesscentre@cqu.edu.au
Website: www.cqu.edu.au/wellnesscentre

REFERRAL AND INTAKE FORM

Today's date ____ / ____ / ____

CLIENT DETAILS

☐ Mr ☐ Mrs ☐ Ms ☐ Miss

Legal surname

Given name(s)

Date of birth __ __ / __ __ / __ __ Age ____ ☐ Male ☐ Female

If patient is under 18 parent/guardian names

Mailing address

Post code

Home phone number ____ Leave a message? ☐ Yes ☐ No

Work phone number ____ Leave a message? ☐ Yes ☐ No

Mobile ____ Leave a message? ☐ Yes ☐ No

Email

Occupation

Employer

Other family members seen here

Aboriginal ☐ Torres Strait Islander ☐ South Sea Islander ☐ Other ____

First language ____ Is interpreter needed? ☐ Yes ☐ No

IN CASE OF EMERGENCY

Name of local friend or relative (not living at the same address)

Relationship to patient

Home phone number ____ Work phone number ____

REFEREE'S DETAILS

Referred by ☐ Self ☐ Other

Name		Date __ / __ / __
Agency	Phone number	
Email	Fax number	
Address		

Has the client had previous contact with the Wellness Centre? ☐ Yes ☐ No ☐ Don't know

Reason for referral ☐ Therapy ☐ Assessment ☐ Consultation

If the potential client displays any of the below attributes please contact the centre Director before completing the referral as they may not be suitable candidates for the support at the clinic.

- ☐ Severe distress or agitation
- ☐ Florid psychotic symptoms (hallucination, delusion, disorganisation)
- ☐ In need of care or psychiatric hospitalisation
- ☐ Current substance use
- ☐ Long term serious recurring issues
- ☐ Danger to others
- ☐ Danger to self (self harm/suicidal)
- ☐ Require detoxification
- ☐ Involved in litigation
- ☐ Investigated by child safety

Explanation of referral

OTHER INFORMATION

Current medication, if any

Other agencies involved (name and contact)

Previous and current treatment

Disclaimer: the information provided in this form is especially for the CQUniversity Psychology Wellness Centre only. If you have inadvertently received this form could you please contact the centre and inform them of your receipt and destroy the copy in your possession.

OTHER INFORMATION

Initial intake ☐   Date __ __ / __ __ / __ __

Intake officer

Notes

Accept for services ☐

Do not accept for services and reason why ☐

Psychologist in training assigned ☐

Psychologist   Date __ __ / __ __ / __ __

Signed by supervisor

Name   Date __ __ / __ __ / __ __