

CLINIC REFERRAL FORM

The **UQ Psychology Clinic @ Marsden State High School** welcomes referrals from Medical Practitioners within the community wanting to refer students of Marsden State High School to our service.

Important to Note: As a training clinic, we do not take cases of a legal nature of any type, nor do we accept referrals for high risk clients, actively psychotic clients, or students currently undertaking postgraduate psychology studies at UQ. We also do not provide crisis or emergency support. Please contact the Clinic if you would like to confirm if we are a suitable service for meeting your needs.

REFERRER DETAILS (e.g., General Practitioner, Medical Specialist.)

Name & Title:	
Organisation: <i>(if applicable)</i>	
Address:	
Email:	
Phone:	

STUDENT DETAILS

Student Name:			
D.O.B:		Age:	
Gender:		Please indicate if you / the client has been to this Clinic before:	
Address:			
Email:			
Phone:			
Next of Kin: <i>(if applicable)</i>	Name: Relationship: Contact number:		
Occupation: <i>(if applicable)</i>			
Student enrolled at Marsden State High School	YES		
Centrelink Health Care Card:	Yes / No If yes, type of card:		

PARENT/GUARDIAN DETAILS OF CHILD (i.e., under the age of 18 years):

(Please note: we are unable to take child cases without having the details of both parents; unless there is a legal reason as to why a parent(s) does not have custody/guardianship).

Parent/Guardian 1 Name and Surname:		Contact number : Email:
Parent/Guardian 2 Name and Surname:		Contact number: Email:

REASON FOR REFERRAL

Service:	<input type="checkbox"/> Mental Disorder/s: Focussed Psychological Strategies (that would normally require Mental Health Care Plan 2715 or 2710)
Reason for Referral: <i>What are the patient's current mental health issues?</i> <i>(please provide information about your key concerns so that we can determine how to best meet the needs of the client)</i>	
Diagnosis:	
Are there any current legal matters pending, relating to this referral? <i>(Please note that provisional psychologists are not considered experts in the eye of the court and so their views would not be taken into consideration in any legal matter)</i>	Yes / No If yes, please provide a brief description of the legal matter:
Review Date: <i>Initial review 4 weeks to 6 months after completion of referral.</i>	Progress report from UQ Psychologist

DISCLAIMERS

As the client (or parent/guardian of the client), please read and acknowledge the following disclaimers to ensure you can be added to our waitlist in a timely manner. If you are unable to check off one or more of the following, we would need to offer you other referral options:

I/we understand that:	Please check ✓
The UQ Psychology Clinic @ Marsden SHS is a training clinic, staffed by provisional psychologists undergoing advanced postgraduate training, who are supervised by fully registered psychologists.	
We are unable to be seen at the UQ Psychology Clinic @ Marsden SHS if there are current legal matters pending related to the referral issue. This is because provisional psychologists are not considered experts in the eye of the court, and therefore would not be best placed to meet my/our needs in such situations.	

All referrals should be sent by email to:

Alastair Wilson/Phillippa Proctor
Coordinators
UQ Psychology Clinic @ Marsden State High School
Marsden State High School
Muchow Road, Waterford West

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F 07 3299 0500
E UQpsychclinic@marsdenshs.eq.edu.au
W www.clinic.psychology.uq.edu.au