USC PSYCHOLOGY CLINIC
REFERRAL FORM

USC AUSTRALIA

Date:

1.0 REFERRER DETAILS

Referrer's name:	
Profession:	Organisation:

Address / contact details

Number and street:		
Suburb/Town/City:	State:	Postcode:
Telephone number:		
Email address (if appropriate):	Newline Outreach Location: (if appropriate):	

2.0 CONSULTATION OPTIONS

TeleHealth:	☐ Yes ☐ No	Comments:
Face to face:	☐ Yes ☐ No	Comments:
Combination:	☐ Yes ☐ No	Comments:

3.0 CLIENT DETAILS

First name:		Last name:
Date of birth:	Age:	Gender: ☐ Male ☐ Female ☐ Other
Parent/guardian name/s (if client is under 18 years):		

Address / contact details

Number and street:		
Suburb/Town/City:	State:	Postcode:
Telephone numbers *(best contact between 9am–4.30pm)*:		
Email address:		

4.0 REASON/S FOR THERAPY REFERRAL

Psychological assessment and treatment of: *(tick all that are relevant)*

- ☐ Anxiety
- ☐ Depression
- ☐ Alcohol misuse
- ☐ Stress / trauma / adjustment
- ☐ Social / relationship skills
- ☐ Sleep problems
- ☐ Chronic pain
- ☐ Parenting skills / behaviour support
- ☐ Anger treatment
- ☐ Grief / bereavement
- ☐ Other *(please specify below)*:

Referral information → *Please provide relevant background information on the next page.*

5.0 REASON/S FOR COGNITIVE ASSESSMENT REFERRAL

- ☐ Cognition
- ☐ Memory
- ☐ Attention
- ☐ Organisation and planning (executive functioning)
- ☐ Achievement (reading, writing, mathematics)
- ☐ Adaptive functioning (life skills)
- ☐ Impulse control and hyperactivity
- ☐ Specific learning disorder
- ☐ Other (please specify):

6.0 REFERRAL INFORMATION

Please provide relevant background information in the space below:

7.0 LODGEMENT OF REFERRAL

All referrals should be sent to:

USC Psychology Clinic
Email: PsychologyClinic@usc.edu.au
Clinic address: Sunshine Coast Mind and Neuroscience – Thompson Institute, Ground Floor, 12 Innovation Parkway, Birtinya Qld 4575
Postal address: USC Psychology Clinic (ML59b) Locked Bag 4, Maroochydore DC Qld 4558 Australia
Tel: 07 5459 4514 | Fax: 07 5437 7334