



Referral Form: Curtin Clinic Cockburn at Cockburn Integrated Health Date: _____

Client Details:					
Title: Surname:		Given name/s:			Preferred name:
DOB:		Gender:			Aboriginal/TSI: ☐ Yes ☐ No ☐ Both
		Pronouns:			
Address:					
Telephone: Mobile:				Email:	
English as a Second Language: ☐ Yes ☐ No			Preferred Language:		
Next of Kin (NOK) Name:				Relationship to Client:	
NOK Contact Phone:				NOK Email:	
Referrer Information: Self Other					
Referrer Name:				General Practitioner:	
Profession:				Practice Name:	
Address:				Address:	
Phone:			Phone:		
Email:			Email:		
*How did you hear about us:					
□ Please Specify					
Service Requested:					
☐ Speech Pathology Bentley ☐ Psychology				☐ Dietetics	
☐ Speech Pathology Cockburn					
Telehealth Option					
Please tick which box applies - □Required □Preferred					
Psychology Referrals – Referrals via GP or Mental Health Professional ONLY - please acknowledge client is of low risk:					
☐ Not actively suicidal ☐ No psychotic symptoms ☐ Not currently in any litigations ☐ No violent incidents in the past 12 months					
☐ Attach referral letter from GP/Mental Health Professional Please Sign:					
Reason for Referral:					
Consent for Referral to Clinic Obtained: ☐ Yes ☐ No Reason for referral:					
Relevant Past Medical History (include past allied health involvement; attach separate page if necessary):					
Please send refe	rrals to:				
		anile and decree of the		Talambarr	2404 2754
Email: cockburnclinic@curtin.edu.au Telephone: 9494 3751					





Please note that Curtin Clinic Cockburn is a **STUDENT-LED** clinic and as such is unable to take clients who are at high risk of harming themselves or others. To assist in deciding whether our clinic is appropriate, please refer to the information below:

PLAN LOW RISK Refer to Curtin Clinic No plans or intent Cockburn. No prior attempt/s **Few Risk Factors** Identifiable "Protective" **Factors PLAN MEDIUM RISK** Ring Curtin Clinic on 9494 Suicidal thoughts of limited 3751 to discuss referral prior frequency, intensity, and to sending. duration No plans or intent Some risk factors present Some "Protective" factors **HIGH RISK PLAN** Frequent, intense, enduring Do not refer to Curtin Clinic suicidal thoughts Cockburn. Clear Intent, specific/well If the client has an immediate thought out plans intention to act, contact the mental health crisis team. Prior attempt/s Notify Emergency Services Many Risk Factors where appropriate. Few/No "Protective" Factors or highly changeable

^{*}Adapted From: Suicide Assessment Screener – National Drug and Alcohol Research Centre (NDARC) and University of NSW (2015)