



REFERRAL FORM

Office Only	DATE ACTION TAKEN:
	<input type="checkbox"/> Referral accepted <input type="checkbox"/> Additional Information Required: _____
	<input type="checkbox"/> Referral not accepted Reason _____
	<input type="checkbox"/> Referral not actioned at individual's request. Recommendation: <input type="checkbox"/> 2 nd Year <input type="checkbox"/> Intern Only <input type="checkbox"/> Assess Only

FROM -	
Referrer: _____	Date of Referral: _____
Referring Agency: _____	Telephone: _____

CONCERNING -	
First Name: _____	Title (<i>Mr, Mrs, Miss, Ms</i>) _____
Family Name: _____	Gender: M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>
NHI: _____	DOB: _____
Occupation: _____	Ethnicity _____
Address: _____	
Telephone: Home _____	Work _____ Mobile _____
Phone message OK: Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
Other contact information: _____	
Email _____	<input type="checkbox"/> OK to Use Email for Reminders
GP _____	Date of last visit _____

Presenting Concerns / Reason for Referral -

Continued -

Current social situation/supports:

Previous assistance received:

Current involvement with other agencies, programmes or counselling services:

Self harm / suicidality –

In the Past: No Yes

Current: No Yes

Medication -

Once you have completed this form, please save and email a copy to tpc@tpc.org.nz

INFORMATION CHECKLIST

Office Use Only

- Informed of training function of the Centre
- Informed that non-identifiable information about students' clinical work is used for evaluation purposes by Waikato University's Clinical Psychology programme and is only released with client consent.
- Informed that data relating to service entry/discharge dates and attendance but not relating to clinical data is supplied to Ministry of Health
- INFORMED OF VIDEOCAMERA USAGE**
 Okay with session videotaping Unwilling for session videotaping Unclear as to acceptance
- INFORMED OF FEE STRUCTURE** Community Services Card: Yes No
- Fee Discussed** \$ _____
Intern: • \$60 per session waged • \$25 per session unwaged/Community Services Card
2nd Year Student: • \$20 per session waged • \$5 per session unwaged/Community Services Card
Other:
Qualified Clinical Staff • \$120 per session
Cognitive Assessments • \$60/hr, Typically 2hrs prelim interview, 2-6hrs testing, 1hr feedback, 1-2hrs report writing
- INFORMED OF WAITING TIME OF APPROXIMATELY** _____