



Curtin Psychology Clinic self-referral form

Client details

Date:

First Names:	Surname:
DOB:	Gender:
Parent/Guardian (if applicable):	Relationship:
Address:	Postcode:
Contact number/s:	Best time to contact:
Email:	Consent to SMS/email: <input type="checkbox"/> Either <input type="checkbox"/> SMS only <input type="checkbox"/> Email only
Emergency contact person:	Phone: Relationship:

Referral for (Please tick)

CHILD / ADOLESCENT PSYCHOLOGY CLINIC

Individual Treatment OCD Service

Cognitive Assessment Service - CURRENTLY NOT ACCEPTING COGNITIVE ASSESSMENT REFERRALS

Group Programs

Feelings & Friends Social Life Skills

(5-6 yrs) (7 yrs) (10-12 yrs)

Positive Thinking Skills Worry & Rumination

(8-9 yrs) (14-17 yrs)

ADULT PSYCHOLOGY CLINIC

Individual Treatment

OCD Service

Group Programs

OCD Group

Reason for Referral

Current and previous treatment Please list any medications and other medical or mental health professionals you have seen for this issue

Exclusion criteria Please note we currently do not accept clients where there is:

- Suicide or self-harm risk Drug or alcohol abuse/dependence Forensic history
- History of psychosis Child protection / welfare / legal issues Family member studying psychology at Curtin
- Urgent mental health needs

Tick to confirm the following:

I understand that as a teaching clinic, sessions will be recorded for learning purposes Yes

I have read and understood the fees involved in attending the clinic (see page 2) Yes

I have read and understood the exclusion criteria above Yes

Completed forms can be emailed to curtinclinics404@curtin.edu.au or faxed to (08) 9266 3679.

If you have any questions about our referral process, eligibility or prefer to complete the referral over the phone you can call our reception team on 9266 1717 or email us requesting a callback.

About the Clinic

This service is provided by clinical and professional psychology trainees undertaking supervised advanced post graduate training and practice in clinical psychology.

Due to ethical issues, the service is not available to staff, students or the immediate family members of those enrolled in Psychology courses at Curtin University.

Once your referral form is received and processed by our administration team you will get an email or SMS with confirmation. Your referral will then reviewed by our clinical trainees who will contact you to ask you a few simple questions to better understand your treatment needs.

Please note no appointments can be booked in advance with the administration team, all appointment allocation is done by the clinical team. If you have any questions about the progress of your referral you are always welcome to contact us on 9266 1717.

Curtin Psychology Clinic Fees

Item	Fees
Initial consultation	\$45
Follow-up consultation	\$45
Cognitive Assessment	\$255
Group programs	
8 session	\$200
10 session	\$250

Please note: Our fees are already discounted and there is no additional discount for concession card holders. The Psychology Clinic reserves the right to review the fees charged.

Payment for individual consultations is required by Eftpos on the day of the appointment and payments for group programs are paid in full in advance.

An online payment platform, Curtin e-Pay, is available or credit card payments can be made over the phone.

Consent for Exchange of Information (Optional)

Please print and sign if relevant

While optional, giving us permission to speak with others involved with your care can assist us to process your referral more efficiently. If you wish to give us permission to speak with another professional regarding your care, please sign and return this consent form

I, Of
(Name) (Address)

As parent / guardian of (if applicable).....
(child's name)

Hereby authorise an exchange of information pertaining to my (or my child's) treatment between
.....of.....
(Professional's name) (Agency/service/address)

and the Curtin psychology trainee and their clinical supervisor,
Curtin Psychology Clinic - Health and Wellness Centre
Curtin University, GPO BOX U1987, Perth, Western Australia 6845

.....
(Signature)

.....
(Date)