

Date:

1.0 YOUR DETAILS

First name:		Last name:	
Date of birth:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Parent/guardian name/s (if under 18 years old):			

Address / contact details

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

2.0 CONSULTATION OPTIONS

In-person: yes no

Telehealth: yes no

Combination: yes no

3.0 REFERRER DETAILS (leave blank if you are **not** being referred to the clinic)

Referrer's name:		
Profession:	Organisation:	
Address / contact details		
Number and street:		
Suburb/Town/City:	State:	Postcode:
Telephone number:		
Email address (if appropriate):		

4.0 CONCERNS/REASONS FOR REQUEST

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

- | | |
|---|--|
| <input type="checkbox"/> mood or emotional problems | <input type="checkbox"/> fears or phobias |
| <input type="checkbox"/> sleep problems | <input type="checkbox"/> stress and trauma |
| <input type="checkbox"/> chronic pain | <input type="checkbox"/> managing anger |
| <input type="checkbox"/> parenting skills | <input type="checkbox"/> health-related behavioural change |
| <input type="checkbox"/> grief / bereavement | <input type="checkbox"/> relationship problems |
| <input type="checkbox"/> other, please specify | |

Comments:

5.0 REASONS FOR COGNITIVE ASSESSMENT REQUEST

- ability assessment
- learning problems
- attention problems
- memory problems
- other, please specify
- problems with planning and organisation
- impulsivity
- hyperactivity
- problems with everyday tasks

Comments:

6.0 Why did you choose the USC Psychology Clinic?

Please provide relevant information in the space below:

6.0 ANY OTHER RELEVANT INFORMATION

Please provide relevant background information in the space below

8.0 LODGEMENT OF REQUEST

All requests should be sent to:

USC Psychology Clinic

Email: PsychologyClinic@usc.edu.au

Clinic address: 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