

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:	

Address / contact details

Number and street:		
Suburb/Town/City:	State:	Postcode:
Telephone (home):	Telephone (mobile):	
Email address:		
Preferred contact method: <input type="checkbox"/> Phone call <input type="checkbox"/> Text message (SMS) <input type="checkbox"/> Email		

Next of kin / parent / guardian / carer

Name:	Relationship to client:
Telephone:	Email:

Disabilities

Do you have any disabilities? Yes No
→ If yes, please specify:

Cultural identity

Do you wish to state any cultural identity? Yes No
→ If yes, please specify:

2.0 Reason for referral

Please state your reason for wanting counselling:

Mental health challenges

Have you experienced any of the following?

Suicidality: <input type="checkbox"/> Yes <input type="checkbox"/> No → Comments:
Self harm: <input type="checkbox"/> Yes <input type="checkbox"/> No → Comments:
Aggression or hostile behaviour: <input type="checkbox"/> Yes <input type="checkbox"/> No → Comments:
History of / or current mental illness: <input type="checkbox"/> Yes <input type="checkbox"/> No → Comments:
Distress or agitation: <input type="checkbox"/> Yes <input type="checkbox"/> No → Comments:
Current legal or court-related issues: <input type="checkbox"/> Yes <input type="checkbox"/> No → Comments:

3.0 Privacy statement

The University of the Sunshine Coast (UniSC) is committed to protecting your privacy and handling your personal information in accordance with our legal obligations under the *Information Privacy Act 2009* (Qld) and other relevant laws. More information on our privacy practices is available on our website usc.edu.au/privacy. As part of assessing your suitability for our service, and in providing our service, we need to collect, use, and record your personal information. We are collecting your personal information, as listed on this form to enable UniSC to correspond with you in relation to your request and refer you to the UniSC Psychology Clinic.

To help provide you with the best possible care, we may share your personal information with other people and organisations involved in your care including other healthcare or support services, and students, who may be involved in your care. We will obtain your consent to disclose information you have provided to us to anyone outside of UniSC before we do this. If you do not provide your personal information as requested, UniSC may be unable to respond to or refer your request.

4.0 Referral

Date of referral:

I am requesting counselling with the UniSC Community Counselling Clinic provided by intern counselling students.

Name:

Signature:

5.0 Lodgement of request

All referrals need to be emailed to: usc_clinic@usc.edu.au

Clinic address: Ground Floor, Building J
UniSC Sunshine Coast campus, 90 Sippy Downs Drive, Sippy Downs Qld 4556

Telephone: 07 5456 5006