

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 9am – 4.30pm):		
Email address:		

NOTICE: The UniSC Psychology Clinic may make contact with you via phone/text/email regarding your appointments and/or other matters and may leave messages from time to time. If you do not want the clinic to leave a message, please telephone 07 5459 4514 or email usc_clinic@usc.edu.au to discuss how best to organise future communication.

2.0 Consultation options

In-person: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Telehealth: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Combination: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:

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"/> Chronic pain | <input type="checkbox"/> Grief / bereavement |
| <input type="checkbox"/> Fears or phobias | <input type="checkbox"/> Managing anger | <input type="checkbox"/> Relationship problems |
| <input type="checkbox"/> Sleep problems | <input type="checkbox"/> Parenting skills | <input type="checkbox"/> Other, please specify: |
| <input type="checkbox"/> Stress and trauma | <input type="checkbox"/> Health-related behavioural change | <input type="text"/> |

Comments:

5.0 Reasons for cognitive assessment request

NOTE: A cognitive assessment requires a referral from a health care professional.

- | | |
|---|--|
| <input type="checkbox"/> Ability assessment | <input type="checkbox"/> Problems with planning and organisation |
| <input type="checkbox"/> Learning problems | <input type="checkbox"/> Impulsivity |
| <input type="checkbox"/> Attention problems | <input type="checkbox"/> Hyperactivity |
| <input type="checkbox"/> Memory problems | <input type="checkbox"/> Problems with everyday tasks |
| <input type="checkbox"/> Other, please specify: | |

Comments:

6.0 Why did you choose the UniSC Psychology Clinic?

Please provide relevant information in the space below:

7.0 Any other relevant background information?

Please provide relevant background information in the space below:

8.0 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.

9.0 Lodgement of request

All requests should be sent to: **UniSC Psychology Clinic**
Email: usc_clinic@usc.edu.au
Clinic address: UniSC Psychology Clinic (J Block) 90 Sippy Downs Drive, Sippy Downs QLD 4556 Australia
Postal address: UniSC Psychology Clinic (ML-59B) PO Box 5280 Sunshine Coast MC QLD 4560 Australia
Tel: 07 5459 4514