



Referral Form

UNE Psychology Clinic

Ground Floor, Tablelands Clinical School
110 Butler Street, Armidale NSW 2350
Phone: 02 6773 2545 Fax: 02 6773 2266
Email: psychology.clinic@une.edu.au
www.une.edu.au/psychclinic

Today's date:

Client Name:

M F X

Date of Birth:

Postal Address:

Mobile phone:

Ok to leave voice & SMS message? Yes No

Home phone:

Ok to leave a voice message? Yes No

Email:

Name of Person making referral (if not self):

Relationship to client:

Referrer Phone:

Referrer Address:

Does client hold Centrelink Health Care Card? Yes# No # If YES please bring to first appointment.

Has the client attended the Clinic before? Yes No Date:

Is the client a UNE Student? Yes* No *If YES: Is the client studying Psychology? Yes** No

**If YES: the Clinic is unable to accept the referral for ethical reasons.

An alternative service for current UNE students is UNE Counselling & Psychological Services (CAPS) on 6773 2897.

Reason for referral (brief outline):

(What is the client wanting/needing? How long have the problems been occurring? Has the client spoken with their GP or other health professional? Other services involved in past or present care?)



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Information:

- All referrals are reviewed by the Clinic Director to ensure that the Clinic is an appropriate service for the client. If the referral is accepted, then a Provisional Psychologist will be in touch to make an initial appointment. If not, then the Clinic will be in touch to advise of other service/s for the Client.
- Referral for assessment of Autism Spectrum Disorder (ASD) must be made in writing by a primary healthcare provider (GP, Paediatrician, Psychiatrist; Nurse Practitioner, Allied Health Practitioner). A self-referral request for an updated assessment can be made if evidence of a formal written diagnosis is provided.
- Fee schedule below. Fees will be confirmed if the referral is accepted.

Service	With Healthcare Card	Without Healthcare Card
Initial Assessment (first appointment)	\$20	\$30
Ongoing Treatment Sessions	\$20	\$30
Cognitive, Learning & Personality Assessment	\$200	\$450
Neuropsychological Assessment	\$300	\$450
Autism Diagnostic Observation Schedule 2 (ADOS-2)	\$300	\$450

Clinic Director only:

Accept

Allocate to:

Tx Ax Date:

Proposed fees: \$20 Initial (HCC) \$30 Initial \$20 Ongoing (HCC) \$30 Ongoing
 \$200 Ax (HCC) \$450 Ax \$300 ASD/Neuro Ax (HCC) \$450 ASD/Neuro Ax

Other:

Decline

Reason and further action:

Name:

Signature: