Psychology Referral Form

**Send to:** Lisa Gibson, Registered Psychologist

**Email:** lisa@healthylove.co.nz

| Client Details | | | | | |
| --- | --- | --- | --- | --- | --- |
| Full Name |  | Gender | | |  |
| **Date of Birth** |  | **Age** | | |  |
| Address |  | | | | |
| Phone |  | | Email |  | |

|  |  |  |
| --- | --- | --- |
| **Date of Referral** |  | |
| **Referral Status** | Urgent  Non-Urgent  Current Risk *(please provide details below)* | |
| **Risk Details** |  | |
| **Referral Type** | Individual Therapy  Relationship Therapy | |
| **Funding** | Disability Allowance  Private  Other: *(please specify)* | |
| **Has the client consented to the referral?** | | Yes  No |

| Reason for Referral |
| --- |
|  |
| Is the client experiencing symptoms of:  Mood disturbance  Yes  No  Anxiety  Yes  No  Sleep disturbance  Yes  No  Substance abuse/dependence  Yes  No  Relationship challenges  Yes  No  Trauma  Yes  No |

| Referrer Details | | | | | |
| --- | --- | --- | --- | --- | --- |
| Name |  | Organisation | | |  |
| **Role** |  | | | | |
| Phone |  | | Email |  | |