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 [ ]  NoAnxiety [ ]  Yes [ ]  NoSleep disturbance [ ]  Yes [ ]  NoSubstance abuse/dependence [ ]  Yes [ ]  NoRelationship challenges [ ]  Yes [ ]  NoTrauma [ ]  Yes [ ]  No |

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