

# Psychological Therapies Provisional Referral

*Provisional Referrals are subject to all eligibility requirements of the Psychological Therapies Program (must confirm all )*

- Resides in Brisbane South PHN region
- Evidence of financial disadvantage
- Benefit from short-term intervention

**Referral Type** ( at least one required)

- Aboriginal and/or Torres Strait Islander
- LGBTIQAP+
- Child (0-11 years)
- Living with a disability
- Living in a rural and remote community
- Perinatal depression/anxiety (Child<2)
- Domestic and family violence
- Culturally and Linguistically Diverse (CALD)
- Homelessness (experiencing or at-risk of)
- Suicide/self-harm prevention** -the client has had thoughts about hurting or killing themselves in the past 4 weeks but is not at immediate risk – if Crisis support is required please contact Acute Care Team or Ambulance

**Referral Information:**

**Date of referral:** \_\_\_\_\_

**Name of referrer:** \_\_\_\_\_

**Profession:** \_\_\_\_\_

**Organisation name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Client consent:** You confirm that the person has been informed about and consented to:

Information on this referral form being shared with Wesley Mission Queensland  Yes (required)

Information on this referral form being shared with the Brisbane South PHN for statistical purposes  Yes  No

De-identified information on this referral form being shared with Brisbane South PHN, QLD Department of Health and Australian Department of Health and Aged Care through third party software for statistical and evaluation purposes, which will be linked with other de-identified data to facilitate research. This will include personal details such as D.O.B and gender but will not include your name, address or Medicare number  Yes  No

**NOTE: Initial approval of Provisional referral is for 6 sessions (including an intake session) with an approved clinician. Intake are able to support the client to gain full referral through GP or Confirmation of a Mental Health Care Plan**

**Client Information**

**Client full name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Preferred name:** \_\_\_\_\_

**Gender:**  Male  Female  Transgender Female (Male-To-Female)  
 Transgender Male (Female-To-Male)  Non-Binary  Other: \_\_\_\_\_

**Pronouns:**  He/Him/His  She/Her/Hers  They/Them/Theirs

**Home Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**OK to leave message**  Yes  No

**Email:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Suburb:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Ethnicity:**

Australian  Both Aboriginal and Torres Strait Islander  Aboriginal only  
 Torres Strait Islander only  Other: \_\_\_\_\_

**Country of Birth:**  Australia  Other: \_\_\_\_\_

**Main Language Spoken at Home:**  English  Other: \_\_\_\_\_

**Marital Status:**  Never married  Married (registered or de facto)  
 Divorced  Separated  Widowed

**Health Care Card:**  Yes - expiry: \_\_\_\_\_  No

**Reason for referral / presenting concerns:**

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*Please fax completed referral to (07) 3539 6445 or alternatively via Medical Objects secure messaging to address QW4106000LX Wesley Mission QLD Psychological Therapies*

*If you have any questions please contact a member of the Psychological Therapies team on (07) 3151 3840*

**This service has been made possible through funding provided by the Australian Government under the PHN Program**

**PRIVACY STATEMENT:** Any personal information is collected, used and disclosed by Wesley Mission Queensland in accordance with our Privacy Policy available at [www.wmq.org.au/privacy-policy](http://www.wmq.org.au/privacy-policy)