

Child REFERRAL FORM Parent to complete

Child's Name:	Contact Parent/s name(s) & relationship (e.g. Mother, Father, Step-Parent):	Child Date of Birth:
		Child's school and Year:
Address:		
Phone Numbers (home): (mobile): (work):		Email Address:
Do you agree that we can share information with your GP <i>(Please note for those with a Mental Health Care Plan, the Clinical Psychologist is required to contact the referrer to update them on progress)</i> Yes <input type="checkbox"/> No <input type="checkbox"/> Please identify anyone else you would like us to have permission be able to talk to about your therapy appointments with (Paediatrician, School etc):	Confidentiality Statement <i>In terms of your confidentiality everything you tell us is confidential within GroupWorx Psychology. The only time we would breach that confidentiality is if we felt that your child was a risk to themselves or others, if there were any child protection concerns or we became aware of any criminal activity – we would endeavour to have that conversation with you first.</i> Do you agree to this? Yes <input type="checkbox"/> No <input type="checkbox"/> Parent/Guardian Signature: _____	



Group	Social Skills Group <input type="checkbox"/>	Anxiety Management Group <input type="checkbox"/>
Number of sessions	6 in term sessions <input type="checkbox"/>	School holiday intensive <input type="checkbox"/>
Preference for days (do not complete if you have elected for school holiday intensive)	Weekend <input type="checkbox"/>	After School <input type="checkbox"/>

Referred By:	
Date of referral:	

Reason for referral to this group & other relevant information that may impact on group presentation and process (e.g. family issues, learning difficulties, inappropriate behaviours, self-harm):

Any previous or current therapy details and results:

How did you hear about GroupWorx Psychology:

Please send your completed referral to Stefanie@groupworx.com.au or PO Box 1010 Bondi Junction, NSW 1355. Call Stefanie on 0411 404 389 to book a time for your individualised initial assessment session.