Diaita Psychology

Psychology for children, adolescents and families

REFERRAL FORM

Please complete the relevant sections. Fields marked * are required.

1. YOUNG PERSON / CLIENT DETAILS

Full name *

Date of birth *

Preferred name

Pronouns

School / education setting

Year level

Home address

2. PARENT / GUARDIAN DETAILS

Parent / guardian name *

Relationship

Phone *

Email *

3. REFERRER DETAILS

Referrer name *

Profession *

Practice / organisation *

Phone *

Email *

Provider number (if applicable)

Preferred contact method

4. REFERRAL PATHWAY AND PRIORITY

- ☐ Mental Health Treatment Plan
- ☐ Eating Disorder Treatment and Management Plan
- ☐ Private referral
- ☐ Other referral pathway
- ☐ Routine
- ☐ Priority

If priority, briefly state why

5. REASON FOR REFERRAL

Primary presenting concerns *

Relevant history, diagnoses, assessments and current supports

Referral goals / requested support

6. CURRENT RISKS AND SAFETY

Identify any known current or recent concerns.

- ☐ No known current risk
- ☐ Self-harm / suicide risk
- ☐ Risk to others
- ☐ Safeguarding concerns
- ☐ Medical / nutritional risk
- ☐ Other

Risk details, current safety plan and actions taken

7. RELEVANT HEALTH AND SERVICE INFORMATION

Current medications and relevant medical conditions

Other professionals or services involved

8. CONSENT AND ATTACHMENTS

- ☐ Client / parent or guardian has consented to this referral and appropriate information sharing.
- ☐ Mental Health Treatment Plan attached
- ☐ Referral letter attached
- ☐ Relevant reports attached

Referrer signature / name *

Date *

SUBMIT THIS REFERRAL

Email the completed form and relevant supporting documents to hello@diaitapsychology.com.au.
Please use a secure clinical email system where available. Diaita Psychology will contact the parent, guardian or adult client.
This referral form is not monitored for emergencies. For urgent concerns, contact emergency services or the appropriate crisis service.