

Mandatory sections must be completed for referral to be accepted.



Referral Form: Curtin Clinics Cockburn at Cockburn Integrated Health

Client Details	Date: _____
Title: _____ Name: _____ Preferred name/s: _____	
Date of Birth: _____ Gender: _____ Aboriginal/Torres Strait Islander: _____	
Address: _____	
Home Phone: _____ Mobile Phone: _____ Email: _____	
English as Second Language? <input type="checkbox"/> yes <input type="checkbox"/> no Preferred Language: _____ Interpreter Required? <input type="checkbox"/> yes <input type="checkbox"/> no	
Local Next of Kin (NOK) Name: _____ Relationship to Client: _____	
NOK Contact Phone/s: _____ NOK Email: _____	
Service Requested: <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech Pathology <input type="checkbox"/> Social Work <input type="checkbox"/> Exercise Physiology <input type="checkbox"/> Bentley Speech Pathology Services <input type="checkbox"/> Counselling Psychology (<i>referrals via health professional only</i>)	
If referring to Counselling Psychology - Referrals are via GP or Health Professional ONLY - please acknowledge the client is of low risk. <input type="checkbox"/> Not suicidal <input type="checkbox"/> Not in an open court case <input type="checkbox"/> No psychotic symptoms. Please inc. Mental Health Care plan if available.) Please sign: _____	

Referred By (must be completed)
Referrer name: _____
Profession: _____
Address: _____
Phone: _____
Email: _____

General Practitioner (must be completed)
GP Name: _____
Address: _____
Phone: _____
Email: _____

Client Relevant Past Medical History & Current Medications (including past allied health involvement if known):

Reason for patient referral:
Priority: <input type="checkbox"/> Urgent <input type="checkbox"/> Non-urgent

Consent for Referral to Clinic Obtained? <input type="checkbox"/> yes <input type="checkbox"/> no
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Please send referrals to:
Curtin Clinics, Cockburn Integrated Health and Community Facility
PO Box 3057, Success, WA, 6164
OR please email cockburnclinic@curtin.edu.au or call 9494 3751
Clinic Webpage: <http://healthsciences.curtin.edu.au/our-clinics/curtin-clinics-cockburn/>

Discharge Date: _____