

Referral Form: Curtin Clinics Cockburn at Cockburn Integrated Health

<b>Client Details</b>	<b>Date:</b> _____
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: _____	
<b>Service Requested:</b> <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"/> Psychology ( <i>referrals via health professional only</i> )	
<b>If referring to Psychology</b> - 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: _____	

<b>Referred By (must be completed)</b>
Referrer name: _____
Profession: _____
Address: _____
Phone: _____
Email: _____

<b>General Practitioner (must be completed)</b>
GP Name: _____
Address: _____
_____
Phone: _____
Email: _____

<b>Client Relevant Past Medical History &amp; Current Medications (including past allied health involvement if known):</b>

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

<b>Consent for Referral to Clinic Obtained?</b> <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](mailto:cockburnclinic@curtin.edu.au) or call 9494 3751

**Discharge Date:** \_\_\_\_\_