

Psychological Therapies Review Form



PLEASE NOTE

**This form is for review purposes only. If this is the first time you are referring your patient please complete a new referral*

**This form can be used if a client requires a change in program, support intensity or additional support needs*

**Any period greater than 3 months between blocks will require a new referral*

Review Type

Additional block of 6 sessions

Step up – To Suicide Prevention

Step Down – From Suicide Prevention

Date of review: _____

Name of GP: _____

Practice name: _____

Phone: _____

Fax: _____

Client Information

Client full name: _____ **DOB:** _____

Gender: Male Female Other: _____

Street Address: _____

Suburb: _____ **Postcode:** _____

Home Phone: _____ **Mobile:** _____

Additional concerns or comments

Is the client currently at-risk of suicide or self-harm?

Yes No Unknown

Any changes in contributing factors (all that apply)

Chronic disease: _____ Legal / corrections issues

Serious accident / injury Alcohol or drug related problems

Grief / loss Gambling problem / other addiction

Physical Disability Discrimination

Intellectual disability Trauma

Divorce or separation Bullying and/or harassment

Sexual assault/abuse Child safety interactions

Unable to secure employment Other, specify: _____

At the completion of this review please fax to (07) 3277-8128.

If you have any questions please contact a member of the Psychological Therapies team on (07) 3717-7006

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