

Referral into Psychology



About Support Pathways Pty Ltd/Community Collective Victoria

Community Collective Victoria/Support Pathways Pty Ltd operates for the benefit of regional and low socioeconomic areas to help improve the mental health and wellbeing of our community members.

The Community Collective Victoria/Support Pathways initiative is a no gap, confidential service that is delivered by Provisional Psychologists in various locations across Victoria, including; Ballarat, Bendigo, Geelong, Warrnambool, Mooroopna, Ascot Vale, Werribee, Hoppers Crossing and St Albans.

Services available

The services available at Community Collective Victoria/Support Pathways Pty Ltd include (for all ages);

- Therapy (including CBT and CPT)
- Cognitive assessments (including ADOS, WIAT, WAIS and WISC)
- Psychometric screening and assessment (including ASD, ADHD, anxiety and depression)
- Telehealth services are available upon request

Please note that this is not an emergency service.

If there are immediate concerns regarding your safety or wellbeing please contact:

Mental Health Emergency Response Line on 1800 555 788

Lifeline 13 11 14

Suicide Call Back Service 1300 659 467

For immediate support, please call 000

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Please complete and email back to admin@ccvic.community or call 03 4250 8134

CLIENT DETAILS				
Date:		Consent given for referral? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Client's Name:	DOB:	Gender: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> OTHER		
Pronouns: <input type="checkbox"/> SHE/HER <input type="checkbox"/> HE/HIS <input type="checkbox"/> THEY/THEM				
Address:		Phone:		
Email:		Covid19 Vax status: <input type="checkbox"/> UNVAXXED <input type="checkbox"/> VAXXED		
Language spoken at home:		Interpreter required? <input type="checkbox"/> YES <input type="checkbox"/> NO		
REFERRER DETAILS (if not yourself)				
Name:		Organisation & position:		
Email:		Phone:		
INTAKE DETAILS				
Who is the best person to email the intake form to?				
Who is the best person to contact to make appointments?				
Is the client under the age of 16? <input type="checkbox"/> YES <input type="checkbox"/> NO (if you answered YES then the following questions must be answered)				
Parent/Guardian name:		Parent/Guardian contact:		
Does the parent/guardian give consent for this referral? <input type="checkbox"/> YES <input type="checkbox"/> NO				
CURRENT SERVICES				
GP name & practice:		Mental health care plan? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NDIS plan? <input type="checkbox"/> YES <input type="checkbox"/> NO (if you answered YES then the following questions must be answered)		NDIS claim number (if applicable): Please email a copy of your plan		
Plan start and end date:		Plan Manager name & organisation:		
Plan Manager phone:		Plan Manager email:		
How is the NDIS plan managed? <input type="checkbox"/> SELF MANAGED <input type="checkbox"/> PLAN MANAGED <input type="checkbox"/> AGENCY MANAGED				
Is the client linked with any other services, please state:				
Assessment/s required:				
Supports required (e.g. venue access, support person, translator, access to telehealth computer)?				
LOCATION PREFERENCE				
<input type="checkbox"/> Geelong <input type="checkbox"/> Wyndham <input type="checkbox"/> Tarneit <input type="checkbox"/> West Footscray <input type="checkbox"/> Ballarat <input type="checkbox"/> Colac <input type="checkbox"/> Warrnambool <input type="checkbox"/> Bendigo <input type="checkbox"/> Moorpona <input type="checkbox"/> St Albans <input type="checkbox"/> Ascot Vale <input type="checkbox"/> Perth				
Preferred time:		Type:	In person	Telehealth
Other preferences				
REASON FOR REFERRAL Please include any information which may be useful to assist with the referral (e.g. Mental health, Drug and alcohol, physical health, current living arrangements, family etc)				

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CONSENT FOR REFERRAL & INFORMATION TO BE STORED

Thank you for your interest in Community Collective Victoria/Support Pathways Pty Ltd services.

All information collected will be treated confidentially and will not be used for any other purposes than for making and managing psychology service appointments.

The information gathered on this form will be stored in the Support Pathways Pty Ltd database, Halaxy.

There is no out of pocket fee for our services.

Our services are entirely funded by government agencies such as NDIS, TAC, Medicare, WorkCover and occasionally, pro bono.

Please be aware that there may be a cancellation fee payable if you cancel your appointment with less than 24 hours notice (i.e. the full NDIS rate, including any applicable travel will be charged for NDIS funded clients who do not give sufficient notice).

- I confirm that I give consent, or have gained consent for this referral and give consent to store this information on Halaxy for the purpose of this referral.
- I confirm that I give consent, or have gained consent for Support Pathways Pty Ltd / Community Collective Victoria to obtain relevant information from government and/or community based agencies, Doctors and health professionals that is relevant to my/my client's care.
- I confirm that I understand that there may be a cancellation fee payable if there is less than 24 hours notice of a cancellation.

(By typing your name, you confirm that you agree to the information in this document)

Signed by client and/or referrer:

Print name:

Date:

Please return the completed form to admin@ccvic.community

Once we receive the referral, we will email an INTAKE FORM to the nominated person on page 2. Once we have collected all the information we need, we will contact you, or the nominated person to make an appointment at a suitable time.

If you have any questions please don't hesitate to call 03) 4250 8134.