

Counselling & Wellbeing Intake Referral

Client Information				
Family Name				
Given Name				
Date of Birth				
URN				

		Cou	nselling & Wellb	eing Intake Refe	rral		
For more inform	mation on th	ne Psychology	Clinics fee schedule ple	ervices, visit Gateway Hea ease see page 2 of this doc nselling@gatewayhealth.o	cument.	te <u>w</u>	ww.gatewayhealth.org.au
Client Details							
Preferred Pronouns				Date of Birth			
Family Name				Gender			
Given Name				Sex at Birth			
Preferred Name/s				Email Address			
Addross				Is it safe to:			
Address				Send letters?	Yes		□ No
Contact No.				Send SMS?	Yes		No
(Home, Work, Mobile)				Leave voicemail?	Yes		No
Country of Birth				Interpreter Needed	Yes		No
Nationality				Preferred Language			
Parent/Carer Name (if applicable)				Relationship			
· · · · · · · · · · · · · · · · · · ·				Contact No.			
Enduring Power of Attorney Details				Current Court Orders	Yes		No
Referral Details							
Has the Client or the Cli	ient's Paren	t/Carer cons	sented to this referral?	Yes			No
Psychology Clinic Fee St	tructure has	been discus	ssed? (pg. 2)	Yes			No
Required Documents (if	available)			Mental Health Plan/Care Plan			Risk Assessment/Safety Plan
Which program does	the client	want to be	referred?				
Generalist Counselling (Ages 16+ - VIC Clients 0	Only) Resolve Adolescent (Ages 12-25)		Psychological Therapy Services (<13yrs)			Gambler's Help	
Family & Relationship C	• •	. •	amily Counselling	Psychology Clinic (Fees Apply - see over page)			Head to Health
☐ Gender Service		Other		(i ces Apply see over p	,asc)		
Preferred Appt Method		☐ Face to fa	ace	☐ Telehealth			Telephone
Availability (days/times))						
Why does the Client	want to ac	cess the ab	ove Service/s?				
				ide information below for			
☐ Symptom Severity and Distress ☐ Day to Day Functioning ☐ Risk of Harm ☐ Impact of Co-Existing Conditions		☐ Treatment and Recovery History☐ Social and Environmental Stressors		H			
Name of Referen		·	-	_	I		
Name of Referrer				Referral Date	-		
Organisation Role				Email Signature			
Note				Jigilatul e			



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Student Assisted Psychology Clinic Fees

Provisional Psychologists and Social Work students provide services at a heavily discounted rate. The Senior and Registrar Psychologists provide

services under a Mental health Care outlined below.	e Plan (MHCP), with a gap fe	e. Fees are paid on the day of service	e via cash or card. Detailed fee infor	rmation is					
Schedule of Fees									
Clinical Psychologist	\$240 per hour	Rebate \$137.05	Gap \$102.95						
General Psychologist	\$195 per hour	Rebate \$93.35	Gap \$101.65						
NDIS (All Psychologists)	\$214.41 per hour								
Agency Funded (All Psychologists)	\$200 per hour								
Provisional Psychologist	\$40 per hour	\$20 per hour with Health	\$20 per hour with Health Care Card						
Groups	\$10 per session								
Formal Assessment Fees									
Cognitive Assessment	\$880								
ADHD Assessment	\$550								
VBAS Assessment	\$550								
IQ + VBAS Assessment	\$1100								