Inspire – referral form

Date of the referral: ________________________

**What service is the referral For:**
- Clinical Psychology
- Case Management
- Social Work
- Neuropsychology

**Do you have a specific therapist you are referring to (please note they may not have capacity and may need to refer to a colleague):**
- Samantha Grant – Clinical Psychologist
- Alethea Tomkins – Clinical Psychologist
- Emily Trimmer – Clinical Psychologist (paediatric)
- Caroline Broderick – Clinical Psychologist
- Lucia Berlanga – Case Manager and Social Worker
- Alison Elwin – Case Manager
- Melissa Hughes – Clinical Neuropsychologist
- No preference
- Happy to be referred to another service provider if no capacity at present

**How will the service be funded:**
- Icare – Lifetime care and support (LTCS)
- Icare – Workers Care (WC)
- Other insurance
- Medicare – mental health plan referral to a specific therapist
- Private

**Referrer details:**

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
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<tbody>
<tr>
<td>Organisation</td>
<td></td>
</tr>
<tr>
<td>Role</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Contact number</td>
<td></td>
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<tr>
<td>Email address</td>
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</tbody>
</table>
Person being referred:

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Full name</td>
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<tr>
<td>Date of birth</td>
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<tr>
<td>Address</td>
<td></td>
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<tr>
<td>Phone number</td>
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<td>Gender</td>
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Does the person being referred identify as Aboriginal and/or Torres Straight Islander:
- Yes
- No

Has the person been being referred been diagnosed with one or more of the following:

Please specify / provide details

<table>
<thead>
<tr>
<th>Diagnosis</th>
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<tbody>
<tr>
<td>Traumatic brain injury</td>
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<tr>
<td>Spinal cord injury</td>
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<td>Depression</td>
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<td>Anxiety</td>
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<td>Substance dependence</td>
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<tr>
<td>Other mental health disorders</td>
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<tr>
<td>Other</td>
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</table>

Please detail the reason for this referral:
Please specify the goals of the person being referred:

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact number</th>
<th>Relationship</th>
</tr>
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</table>

Next of Kin (if available)

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact number</th>
<th>Relationship</th>
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</table>

Does the person being referred have any language and/or communication difficulties?

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<tr>
<th>Name</th>
<th>Contact number</th>
<th>Relationship</th>
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</table>

Is the person being referred aware of this referral? If no, why?

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact number</th>
<th>Relationship</th>
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</thead>
</table>
Is there anything else that you think would be important for inspire to know to assist with this referral?

Thank you for your referral.

Please email completed form back to inspire@inspirerp.com.au

On behalf of the inspire rehab & psychology team thank you for the referral

Samantha Grant

B.Sc.(Psychol.)Hons.M.Psychol,(Clinical)Hons MBpsS.
Director - Clinical Psychologist
ABN: 27896437121