

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 – Lifetimecare and support (LTCS)
- Icare – Workers Care (WC)
- Other insurance
- Medicare – mental health plan referral to a specific therapist
- Private

Referrer details:

Name	
Organisation	
Role	
Address	
Contact number	
Email address	

Person being referred:

Full name	
Date of birth	
Address	
Phone number	
Gender	

Does the person being referred identify as Aboriginal and/or Torres Strait Islander:

- Yes
 No

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

Please specify / provide details

Traumatic brain injury	
Spinal cord injury	
Depression	
Anxiety	
Substance dependence	
Other mental health disorders	
Other	

Please detail the reason for this referral:

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Please specify the goals of the person being referred:

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Next of Kin (if available)

Name	
Contact number	
Relationship	

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

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

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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

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