Support Pathways Community Services

Psychology Referral

Support Pathways Community Services operates for the benefit of regional and low socioeconomic areas to help improve the mental health and wellbeing of our community members. We work in partnership with Neighbourhood House and Community Centres. Our services are predominantly to support people who are at risk, vulnerable, unemployed, insecure housing and experiencing isolation and are triaged accordingly. We are based in Victoria and operate out of Community Centres and Neighbourhood houses.

Appointment costs vary depending on the location and practitioner. Any neuropsych assessments will incur a fee. Please contact us to confirm the current fee rate.

PLEASE NOTE

- If you require an urgent assessment or report, we recommend you attend a private clinic instead. **The process from initial assessment appointment to completed report can take 3-5 months.**
- A GP referral and mental health plan is required bulk billing / rebate services.
- There are long waiting period for clients under the age of 16, due to the limited number of practitioners accepting referrals for this age group

SERVICES AVAILABLE

- Therapy; Face-to-face appointments, as well as telehealth (phone or video)
- Assessments including ADOS, Cognitive (WIAT, WAIS and WISC)
- Psychometric screening and assessment for ASD, ADHD, anxiety and depression

⚠ We Are Not an Emergency Service or Crisis Centre

If you have immediate concerns regarding your safety or wellbeing:

- Mental Health Emergency Response Line – 1800 555 788
- Lifeline – 13 11 14
- Suicide Call Back Service – 1300 659 467
- For immediate support - Call 000

SUBMITTING YOUR REFERRAL

Email the completed referral form to:

📧 therapy@supportpathways.org

You will be notified by email once your referral has been received and reviewed.

Online intake forms must be completed before an appointment can be booked.

PATIENT DETAILS AND CONTACT INFORMATION

Full Name		**Date of Birth**	
Pronouns		**Gender**	
Address		**City**	
Phone Number		**Email**	
What language do you speak? (We kindly ask you to organise your own interpreter if required)			

Emergency Contact (Parent/Guardian if under 16yrs old)

Full Name		**Relationship**	
Phone Number		**Email**	

Referrer Details (Please skip if this is a self-referral)

Full Name		**Organisation**	
Phone		**Email**	

How did you find out about our service?

Who is the best person to contact for appointments?

APPOINTMENT AND PREFERENCE

Preferred Location/s

☐ Corio/Norlane	☐ Deer Park	☐ Forest Lakes, WA
☐ Wyndham/Tarneit	☐ West Footscray	☐ Ballarat
☐ Warrnambool	☐ Clayton South	☐ Bendigo
☐ Doveton	☐ Telehealth	

Appointment Type

☐ Face to face	☐ Telehealth	☐ Any

Are you only wanting therapy?

☐ Yes ☐ No

Please tick what support you are looking for

☐ Autism	☐ Anxiety	☐ ADHD
☐ Addiction	☐ Assessment	☐ Child Protection
☐ Carer Support	☐ Court Ordered	☐ Letter of Support/Report
☐ Domestic Violence	☐ Grief	☐ PTSD/Trauma
☐ Self-Management	☐ Depression	☐ Work Issues
☐ School/Study Supports	☐Relationship Issues	☐ Stress Management
☐ Other (Please Specify)		

Do you need an assessment?

☐ No	☐Cognitive Assessment	☐ Autism Spectrum Disorder (ASD)
☐ ADHD	☐ Other (Please specify)	

If you are seeking a diagnosis/assessment, please select why

☐ Nil Known	☐ NDIS	☐ Disability Support Pension
☐ Educational Support	☐ Friends/Family	☐ Professional Recommended
☐ Peace of Mind	☐ Better Understand Me	☐ Other

Do you have a formal psychological diagnosis?

☐ Yes ☐ No

If yes, please specify (e.g. schizophrenia, bipolar, clinical depression etc)

Please provide information about your needs, concerns and goals to help us connect you with the most suitable practitioner.

Are you, or have you been experiencing any of the following in the last 12 months?

☐ Emergency visit for mental health	☐ Homelessness or housing insecurity	☐Alcohol or Drug Addiction
☐ Suicide Attempts	☐ Thoughts of Suicide	☐ Self-Harm
☐ Financial Hardship	☐ Psychosis	☐ Nil Known (prefer not tosay)

Are you currently unemployed? ☐ Yes ☐ No

Do you have a Health Care Card/Pension Card? ☐ Yes ☐ No

Do you receive Centrelink benefits? ☐ Yes ☐ No

Do you have a permanent disability? ☐ Yes ☐ No

Are you currently engaged with other services? ☐ Yes ☐ No

If yes, please specify (e.g. Job networks, Family services)

APPOINTMENT FUNDING

My Appointments will be funded by

☐ **Support Pathways** 10 free sessions with provisional psychologist	☐ **Medicare** GP referral and MHTP required (no gap fee)	☐ **NDIS Plan**
☐ **Third Party Funded** School, government funded agencies	☐ **Other (Please specify)**	

Please note: If you require a psychological assessment, funding must be arranged through one of the assessment funding options listed below, as assessments cannot be funded through Support Pathways' provisional psychologist program.

My Assessment will be funded by

☐ **I don't need an assessment**	☐ **Third Party Funded** Government Services, Case Manager etc	☐ **Privately Paying**
☐ **Unsure**	☐ **Other (please specify)**	

Consent for Referral and Information

Thank you for your interest in Support Pathways Community Services. If you have funding available for psychology appointments, please let us know. This allows us to direct our community-funded resources to individuals who may not otherwise be able to access psychological support.

By signing this referral, you consent to the following terms and conditions:

- **Appointments are 50-minute sessions.** If you arrive 5–10 minutes late, you may still attend for the remainder of your allocated appointment time. Appointments will not be extended. If you arrive more than 10 minutes late, your appointment may be rescheduled.
- **I confirm that I have provided consent, or have obtained consent, for this referral and for the information provided to be stored securely within Support Pathways Community Services' practice management system for the purpose of managing this referral.**
- **I acknowledge that a maximum of three unattended appointments or late cancellations (less than 48 business hours' notice) is permitted. A warning will be issued when this limit is reached. Further unattended appointments or late cancellations without reasonable cause may result in discharge from the service.**

Privacy Notice

Information provided in this referral form will be handled in accordance with applicable privacy legislation and used solely for the purpose of assessing and managing your referral.

By signing or typing your name below, you confirm that you have read, understood and consent to the information contained within this referral form.

Full Name: **Date:**