



# COMMUNITY COLLECTIVE PSYCHOLOGY REFERRAL FORM

## Who we are

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. We work in partnership with Neighbourhood House and Community Centres. We provide supports through psychology, social work, counselling, and NDIS advocacy.

We operate out of community centres across Victoria, including; Ballarat, Geelong, Werribee and interstate in Forrest Lake, WA and Caloundra, QLD

Although Community Collective Victoria/Support Pathways initiative is a no gap fee bulk billing confidential service, you may be charged for assessments and reports. If you have any concerns or questions, please contact admin.

Services available at Community Collective Victoria/Support Pathways Pty Ltd include;

- Therapy; including CBT and CPT
- Cognitive assessments including ADOS, WIAT, WAIS and WISC
- Psychometric screening and assessment for ASD, ADHD, anxiety and depression
- Face to Face appointments, as well as telehealth (phone or video)
- NDIS advocacy and support if you use to wish Support Pathways as your potential provider.

**Please note:** We are not government-funded. If you require an urgent assessment or report, we recommend you attend a private clinic instead. We encourage you to make a gold coin donation to the community centre each visit.

We are not an emergency service or crisis centre. 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

**Email the completed form to [admin@ccvic.community](mailto:admin@ccvic.community). You will receive an email from Community Collective when it has been accepted into our booking system.**

- Online intake forms we email to you **must be completed prior to booking in an appointment**. If you are unable to complete it, please contact admin and arrange for this to be completed in session with their practitioner.
- If you do not contact us within 2 weeks from your referral acceptance date, then your referral may be archived.
- Contact admin on 03 4250 8134 if you would like a follow up on the waitlist status.



**Referral and Triage Form – Community Collective**

PATIENT DETAILS AND CONTACT INFORMATION		
<b>Patient Details</b>		
Full Name	Date of Birth (DOB)	
Pronouns	Gender	
Address	City	
Phone Number	Email	
What language do you speak? (It is the referrer or patient's responsibility to organise an interpreter if required)		
<b>Emergency Contact</b>		
Full Name	Relationship to patient	
Phone Number	Email	
<b>Referrer Details</b> (Please skip if this is a self-referral)		
Full Name	Relationship/Organisation	
Phone Number	Email	
<b>How did you find out about our service?</b>		
REASON I AM SEEKING SUPPORT		
<b>I am looking for support for</b>		
<input type="checkbox"/> Autism	<input type="checkbox"/> Anxiety	<input type="checkbox"/> ADHD
<input type="checkbox"/> Addiction	<input type="checkbox"/> Assessment	<input type="checkbox"/> Child Protection
<input type="checkbox"/> Carer Support	<input type="checkbox"/> Court Ordered	<input type="checkbox"/> Depression
<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Grief	<input type="checkbox"/> LGBTQIA+ support
<input type="checkbox"/> Letter of Support/ Report	<input type="checkbox"/> Mental Health Diagnosis	<input type="checkbox"/> PTSD/Traumatic Stress
<input type="checkbox"/> Personality Disorder	<input type="checkbox"/> NDIS Application	<input type="checkbox"/> Relationship issues
<input type="checkbox"/> Self-Management	<input type="checkbox"/> Stress management	<input type="checkbox"/> Work issues
<input type="checkbox"/> Disability Support Pension Application	<input type="checkbox"/> Other	
<b>I am looking for therapy only</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Do you need an assessment?</b>		
<input type="checkbox"/> No	<input type="checkbox"/> Cognitive Assessment	<input type="checkbox"/> Autism
<input type="checkbox"/> ADHD	<input type="checkbox"/> Other	



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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Nil known           | <input type="checkbox"/> NDIS                                | <input type="checkbox"/> Disability Support Pension          |
| <input type="checkbox"/> Educational support | <input type="checkbox"/> I was recommended by friends/family | <input type="checkbox"/> I was recommended by a professional |
| <input type="checkbox"/> Peace of mind       | <input type="checkbox"/> To better understand myself         | <input type="checkbox"/> Other                               |

**Do you have a formal psychological diagnosis?**  Yes  No

If yes, please specify diagnosis and let us know if you are being medicated. (Please include here if you have Schizophrenia, Bipolar or Borderline Personality Disorder)

**Please let us know why you are making a referral.**

Our practitioners are experienced in various areas, including specific diagnoses, age groups, cultural backgrounds, and life factors. Please provide detailed information about yourself and your needs to ensure we match you with the most suitable practitioner. This will help us assign the right person with the appropriate knowledge and experience to assist you effectively

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Emergency visit for mental health | <input type="checkbox"/> Alcohol or other drugs difficulties | <input type="checkbox"/> Homelessness or housing insecurity |
| <input type="checkbox"/> Suicide attempts                  | <input type="checkbox"/> Thoughts of suicide                 | <input type="checkbox"/> Self-harm                          |
| <input type="checkbox"/> Financial hardship                | <input type="checkbox"/> Psychosis                           | <input type="checkbox"/> Nil known/Prefer not to say        |

**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



APPOINTMENT AND PREFERENCE		
<b>Location</b>		
<input type="checkbox"/> Corio/Norlane	<input type="checkbox"/> Wynhdam/Tarient	<input type="checkbox"/> Ballarat
<input type="checkbox"/> Warrnambool	<input type="checkbox"/> West Footscray	<input type="checkbox"/> Forest Lakes, WA
<input type="checkbox"/> Portland	<input type="checkbox"/> Deer Park	<input type="checkbox"/> Caloundra, QLD
<input type="checkbox"/> Doveton		
<b>Type</b>		
<input type="checkbox"/> Face to face	<input type="checkbox"/> Telehealth (online/phone)	<input type="checkbox"/> Any
<b>SEEKING NDIS</b> <i>If you are not seeking support to access NDIS, please skip this section</i>		
<b>Do you have a friend or family member on NDIS already?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Do you currently have another organisation or person helping you with the application?</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please specify		
<b>Do you agree to have Support Pathways as your NDIS service provider?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
While Support Pathways recycles 100% of its profits back into expanding biopsychosocial support for those in low socio-economic areas. Our goal and vision are shared with the Community Collective Victoria, which is to create a sense of purpose and ownership among the collective members, which include the clinicians, community practitioners, volunteers, and community members. In doing so, we believe we are far more likely to see people: commit longer term and more often live community values; have an improved quality of life, and likely have fewer and less serious health issues		
HOW WILL YOUR APPOINTMENTS BE FUNDED		
<b>My appointments will be funded by</b>		
<input type="checkbox"/> <b>Support Pathways</b> (10 free sessions)	<input type="checkbox"/> <b>Medicare</b> (Book in ASAP, no gap fee)	<input type="checkbox"/> <b>NDIS Plan</b>
<input type="checkbox"/> <b>Third Party Funded</b> (Workcover, TAC, etc)	<input type="checkbox"/> <b>EAP</b>	<input type="checkbox"/> <b>Other</b>
<b>My assessment will be funded by</b>		
<input type="checkbox"/> <b>Support Pathways</b> (I am seeking NDIS with Support Pathways and I agree that Support Pathways will be my advocate and be my NDIS Provider)	<input type="checkbox"/> <b>Third Party Funded</b> (NDIS, Government Service, Case Manager etc)	<input type="checkbox"/> <b>Private paying</b> - \$800
<input type="checkbox"/> <b>Unsure</b>	<input type="checkbox"/> Not applicable	<input type="checkbox"/> <b>Other</b> , please specify



### **Consent for referral & Information**

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

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

- Please let us know if you have government funding available for appointments.
- Appointments are 50-minute sessions. If you arrive late, you may still attend, however your session will still conclude within the allotted appointment time. It will not be extended.
- I confirm that I give consent or have gained consent for this referral including consent to store this information on our Halaxy software 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/ the client's care.
- I acknowledge that there is a maximum of 3 unattended or late cancelled appointments (under 48 business hours' notice) permitted, and that a warning will be given when this cap has been reached. I acknowledge that I will be discharged if it happens again with no reasonable cause.

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

**Name:**

**Date:**