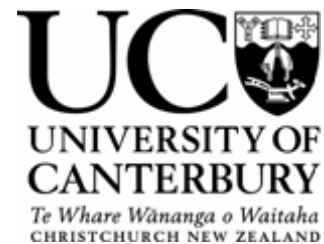


The Psychology Centre

Clinical Psychology Training and Research Centre

Tel: (03) 369 3777 Fax: (03) 364 2410

E mail address: psychclinic@canterbury.ac.nzWebsite: <https://www.canterbury.ac.nz/science/clinics/psychology-centre/>**REFERRAL FORM: Private Clinic (Neurodiversity)***He mana tō te tangata/We value people and their differences.**Kia aroha ki te tangata/We extend care and empower other.*

The UC Psychology Centre can offer psychological assessment and therapy for a range of difficulties for both adults and children. The Private Clinic is focused on assessments for neurodiversity, such as autism and ADHD. We welcome referrals from people in the community wishing to refer themselves as well as from other professionals.

Note: As a training clinic we are not able to accept referrals for clients who pose an acute and serious risk to themselves or others, or whose primary needs would be better met through mental health services. We are also not able to undertake work related to court or legal matters. We do not provide crisis or emergency support. Please contact the Centre if you would like to confirm suitability.

DATE: _____

Fee Quoted: \$

REFERRER DETAILS: (e.g. GP, health professional, parent)

Referrer's Name:	Relationship to Client:
Address:	Phone:

CLIENT DETAILS

Name:		D.O.B:
Ethnicity:		Age:
Address		Pronouns:
Phone		GP:
Home:	Work:	
Cell:	Email:	

FOR AN ADOLESCENT REFERRAL (16 - 18 YEARS)**Parent/Guardian 1:****Name:****Contact Number:****Parent/Guardian 2:****Name:****Contact Number:****Are there any legal/custody arrangements in place? Please detail.**

REASON FOR REFERRAL:

Referral Type:

Assessment of: ADHD Autism

Please be aware this information will be visible to staff at the Psychology Centre and will be kept on your client file. If there is anything you wish to discuss rather than place in writing the Clinical Psychologist will contact you for a triage phone call as part of the standard booking process. You will have the opportunity during this phone call to discuss your concerns directly with them.

Please provide some information about your key concerns to help us determine how we can best meet your needs:

How are things going at school?

At work?

At home?

Are there any mental health needs you are seeking assessment or intervention for at this time?

KNOWN RISKS (past and present including: suicidality, aggression, self-harm):

OTHER AGENCIES INVOLVED

IS THE CLIENT AWARE THAT:

This referral has been made?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
The Centre charges fees as detailed below?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

<u>Assessment – Contracted Clinical Psychologist</u> Standard Assessment (Including ADHD/ASD/Learning Assessment) Extended Assessment (for complex and co-occurring conditions that will require an additional session)	\$1600 (Must be paid at first appointment) \$300 for additional session and follow up
--	---