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Client Information & Referral Form

Child's Information

Child's name:	Click or tap here to enter text.
Child's date of birth:	Click or tap here to enter text.
Gender:	Click or tap here to enter text.
Residential address:	Click or tap here to enter text.

Parent/Legal Guardian Information

Parent/Guardian name(s):	Click or tap here to enter text.
Residential address:	Click or tap here to enter text.
Parent/Guardian(s) contact number(s):	Click or tap here to enter text.
Parent/Guardian email(s):	Click or tap here to enter text.

What is the issue you are seeking help for? (e.g., challenging behaviour, non-compliance, anxiety).
Please be as specific as you can.

Click or tap here to enter text.

How long has this issue been happening for? (e.g., recently, following an event, for X number of years, since child was X age)

Click or tap here to enter text.

What strategies have you tried so far, if any?

Click or tap here to enter text.

Have you sought help for this issue before now? If yes, what kind?

Click or tap here to enter text.

What do you hope to achieve from your sessions?

Click or tap here to enter text.

Does your child currently experience or engage in any of the following, that you are aware of? Please indicate YES or NO.

- Suicidal ideation:Click or tap here to enter text.
- Self-harm related to mental health difficulties:Click or tap here to enter text.
- Psychosis (history of or current):Click or tap here to enter text.

Please indicate whether you will be claiming any of the following rebates for your child: Please note you will not be able to claim a rebate if you are planning to access services under an NDIS Plan.

- **Medicare** (Please note, a GP Mental Health Care Plan is required in order for your child to be eligible for this rebate, and your child will be required to be present at each session)
- **Private Health Insurance** (Please note, private health rebates vary, and you are advised to check the exact amount your child is eligible for, prior to booking your session, should you wish to claim this rebate)
- **Not claiming a rebate**

Thank you for taking the time to complete this form.

Please return completed form via email to rktpsychology@gmail.com

Once this is completed and submitted, you will be contacted within 3 business days to inform you of the outcome of your referral.