



Rachael K Tan

Clinical Psychologist &
Behaviour Support Consultant

BA (Hons) MPsych (Clinical)

www.rktpsychology.com

Client Information & Referral Form

Child's Information

Child's name:	
Child's date of birth:	
Gender:	
Residential address:	

Parent/Legal Guardian Information

Parent/Guardian name(s):	
Residential address:	
Parent/Guardian(s) contact number(s):	
Parent/Guardian email(s):	

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

--

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

--

What strategies have you tried so far, if any?

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

What do you hope to achieve from your sessions?

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

- Suicidal ideation:
- Self-harm related to mental health difficulties:
- Psychosis (history of or current):

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.