

Blossomtree Psychology Referral intake form

Please email completed form to hello@blossomtreepsychology.com.au

Once we have received and reviewed your completed form we will be in touch to advise if this is an appropriate referral and potential wait times. Please note that our wait times can be lengthy and are dependent on clinician availability and fit.

Date:

Who is completing this form? (Please select)

Name:

Email:

Organisation:
(if applicable)

Phone:

Child's Details

Name:

Date of Birth:

Age:

Why are you seeking our services? What are your concerns regarding the child you are referring?

How are you hoping we can help? (please provide details below)

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Are there any court services involved?

Date of final orders:
(if applicable)

If Yes - Please describe court activity:

Is the child or anyone who will be attending Blossomtree allergic to / afraid of dogs?

Details:

Does the child have a Mental Health Care Plan?

Does parent/child have Health Care Card/Pension Card?

Does the child have NDIS funding for psychology?

(Please note Blossomtree can only utilise NDIS funding for psychology if the plan is self managed or plan managed)

If yes - how is the NDIS plan managed?

If plan managed - who is the plan manager?
Please include their name and contact details

Other services involved with child?

(please include contact details)

Any other key information:

Save completed form and email to hello@blossomtreepsychology.com.au