



# Support Pathways Community Services

## Psychology Referral Form

Support Pathways Community Services 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 support through psychology, occupational therapy and with our Support Coordinators to any client who is seeking NDIS with us.

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

Although Support Pathways Community Services initiative is a no-gap fee bulk billing confidential service, you may be charged for assessments and reports. Our services are predominantly to support people who are at risk, vulnerable, unemployed, insecure housing and experiencing isolation. If you have any concerns or questions, please contact admin.

*Please note: If you require an urgent assessment or report, we recommend you attend a private clinic instead. The process from initial appointment to completed report can take 3-5 months.*

Services available:

- Therapy
- Assessments including ADOS, Cognitive (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)
- Assistance with your NDIS plan with our Support Coordinators if you choose to use Support Pathways as your potential provider

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 complete form to [therapy@supportpathways.org](mailto:therapy@supportpathways.org).** You will be notified by email if the referral is received. **Once the referral is added to our booking system;**

- You will need to complete our online intake forms we email to you. ***It must be completed prior to booking an appointment.*** If you are unable to complete it, please contact admin and arrange for this to be completed at the nearest community centre or in session with their practitioner.
- If we are unable to contact you within two weeks of trying to book you in, your referral may be archived.

# Support Pathways Community Services



03 5292 3555



+613 5947 5073



ABN: 81 645 788 996 NDIS ID: 405 012 4134

**Psychology**  
**NDIS Support**

[therapy@supportpathways.org](mailto:therapy@supportpathways.org)  
[admin@supportpathways.org](mailto:admin@supportpathways.org)



PO Box 209  
Corio, VIC 3214



## Referral and Triage Form

PATIENT DETAILS AND CONTACT INFORMATION		
<b>Patient Details</b>		
Full Name	Date of Birth	
Pronouns	Gender	
Address	City	
Phone Number	Email	
What language do you speak? (We kindly ask you to organise your own interpreter if required)		
<b>Emergency Contact (Parent/Guardian if under 16yrs old)</b>		
Full Name	Relationship	
Phone Number	Email	
<b>Referrer Details</b> (Please skip if this is a self-referral)		
Full Name	Role/Organisation	
Phone Number	Email	
How did you find out about our service?		
Who is the best person to contact for appointments?		
APPOINTMENT AND PREFERENCE		
<b>Location</b>		
<input type="checkbox"/> Corio/Norlane	<input type="checkbox"/> Ballarat	<input type="checkbox"/> Forest Lakes, WA
<input type="checkbox"/> Warrnambool	<input type="checkbox"/> West Footscray	<input type="checkbox"/> Caloundra, QLD
<input type="checkbox"/> Wyndham/Tarneit	<input type="checkbox"/> Deer Park	
<input type="checkbox"/> Doveton	<input type="checkbox"/> Ascot Vale	
<b>Type</b>		
<input type="checkbox"/> Face to face	<input type="checkbox"/> Telehealth (online or phone)	<input type="checkbox"/> Any
<b>Are you only wanting therapy</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Please tick what support you are looking 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

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- Carer Support
- Domestic violence
- Self-Management
- School/study supports
- Self-Management
- Work issues
- Court Ordered
- Grief
- Depression
- PTSD/Trauma
- Stress management
- Relationship issues
- Letter of Support/Report
- PTSD/Trauma
- Other

**Do you need an assessment?**

- No
- ADHD (\$800)
- Cognitive Assessment
- Other
- Autism

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

- Nil known
- Educational support
- Peace of mind
- NDIS
- Friends/family
- Better understand me
- Disability Support Pension
- Professional recommended
- Other

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

If yes, please specify (e.g schizophrenia, bipolar, clinical depression etc)

**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

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**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 drug addiction | <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

**Are you currently engaged with other services?**  Yes  No

If yes, please specify (e.g. Job networks, Family services)

**SEEKING NDIS** *If you are not seeking support to access NDIS, please skip section*

**Do you have a friend or family member on NDIS already?**

- Yes, with Support Pathways  Yes, with another provider  No

**Do you currently have another organisation or person helping you with the application?**

- Yes  No If yes, please specify

**Do you agree to have Support Pathways as your NDIS service provider?**

- Yes  No

Support Pathways recycles 100% of its profits back into expanding biopsychosocial support for those in low socio-economic areas. Our goal and vision is to create a sense of purpose and ownership among our members, which include the clinicians, 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 with a provisional psychologist)	<input type="checkbox"/> <b>Medicare</b> (GP referral and MHTP required. No gap fee)	<input type="checkbox"/> <b>NDIS Plan</b>
<input type="checkbox"/> <b>Third Party Funded</b> (Schools, government funded agencies)	<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 - \$800</b>
<input type="checkbox"/> <b>Unsure</b>	<input type="checkbox"/> <b>Not applicable</b>	<input type="checkbox"/> <b>Other, please specify</b>

**Consent for referral & Information**

Thank you for your interest in Support Pathways Community Services. Please let us know if you have government funding available for appointments. This allows us to recycle costs and provide other people in the community an opportunity to access our service, as we do not receive any external government funding.

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

- Appointments are 50-minute sessions. If I arrive 5-10 minutes late, I may still attend for the duration of the allocated appointment time. (Appointments will not be extended). If I will be more than 10 minutes late my appointment will be rescheduled.
- 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 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 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:

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