



ACPU Clinical Staff
Please advise Admin if box below is not ticked.
Copy received by Admin.

REFERRAL FORM

ACADEMIC CHILD PSYCHIATRY UNIT - (ACPU)

Ground Floor, South East Building, Gatehouse Street, Parkville 3052
Tel: (03) 9345 4666 Fax: (03) 9345 6002 Email: acpu.mhs@rch.org.au

Form with checkboxes for patient types (RCH MHS Patient, RCH Patient, Private Patient) and fields for Date of Referral, Case Manager, Tel, and Other Staff Involved with Case.

Form with fields for Name, D.O.B., Address, Phone No, School, U.R., Age, Mobile, and Grade/Year.

FAMILY CONSTELLATION:

Three horizontal dashed lines for family constellation notes.

PRESENTING PROBLEMS:

Three horizontal dashed lines for presenting problems notes.

BRIEF DIAGNOSTIC FORMULATION:

Two horizontal dashed lines for brief diagnostic formulation notes.

CONTACT WITH CASE TO DATE (Please tick)

- List of services provided with checkboxes: Assessment only, Individual Psychotherapy/counselling, Group therapy, Structured CBT program, Parent counselling, Parent group, Family therapy, Medication (please specify), Consultation & Liaison with other services (incl. school), Special education, Motor program, Speech & Language program, Monitoring of progress, Other (please specify).

QUESTIONS YOU WOULD LIKE ANSWERED FROM THIS REFERRAL:

Five horizontal dashed lines for questions to be answered from the referral.