

**REFERRAL FORM**

*Form to be completed by client, Mental Health professional, Medical Practitioner or Supporting Agency, with permission to release information from the client, and forwarded to Jennifer Black, Psychologist either by email [jennifer.black@uon.edu.au](mailto:jennifer.black@uon.edu.au) or post PO Box 245, Moonbi NSW 2353*

**Client name:** ..... Age: ..... DOB: ..... Male / Female

Address: ..... Postcode: .....

Phone numbers: ..... Message OK? Y/N Email:.....

**Legal Guardian and/ or Emergency contact:** .....

Phone: H: ..... W..... M.....

Are there court orders in place? Please provide details: .....

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**Reason seeking Equine Assisted Therapy (EAT):** .....

..... No. of sessions required:.....

Previous Treatment/Therapy: .....

Provider: .....

Existing diagnoses: .....

Medical Issues we should know about? .....

Employer or School: .....Employment Status: .....

**Referring organisation/ Contact Person:** .....

Phone: .....Email: .....

How did you hear of WUBM EAT? .....

**Please select the following funding option:** *Self-pay / Referring organisation*

I, \_\_\_\_\_ (name of adult client/ guardian of minor client/ payment authoriser of referring organisation) agree to pay WUBM at the rate for current services provided to me (or the client named above for whom I have legal responsibility). I understand that I am responsible for these charges and that fees are due at the time the service is provided unless otherwise agreed in writing. I understand that Medicare rebates cannot be claimed in conjunction with Third Party payments. I understand that the full session fee is still payable to WUBM if cancellations are made less than 24 hours, and a 50% fee will be charged if less than 48 hours notice is given prior to a scheduled session.

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*Signature of person responsible for payment (Client/Guardian/Referrer)*      *Date*