

Referral to Sexual Health Quarters Psychology and Counselling Service

SHQ Psychology and Counselling Services provide specialist assessment and therapy for sexual and reproductive health issues including: adjustment to STI diagnoses, sexual dysfunction (libido/arousal/pain/anxiety around sex), relationship wellbeing (including couples counselling) and unintended pregnancy.

All psychology referrals with a GP Mental Health Care Plan are bulkbilled. All other services are low cost and there are reduced rates for healthcare holders. Clients can attend ten free sessions for unintended pregnancy or post-termination support funded by Dept of Women and Newborn Health Service (WHNS). We offer face to face services in Northbridge and Rockingham and telehealth services across WA.

Current appointment costs are available on our website: shq.org.au/clinic/visiting-our-clinic/clinic-costs/

To make a referral for an initial assessment: Website: www.shq.org.au Email: counselling@shq.org.au Phone: 9228 3693 Please feel free to ring us to discuss any potential referrals.		
CLIENT DETAILS		
First name/s	Surname	Preferred Name
Date of Referral	Client aware of referral Yes No	
Address		DOB
Telephone Preferred mode of contact Call <input type="checkbox"/> Text <input type="checkbox"/>	<input type="checkbox"/> Interpreter needed	Language spoken
Other requirements?		
NEXT OF KIN/GUARDIAN	Relationship	Contact Telephone Number
Name		
Address		
REASON FOR REFERRAL		
Unintended pregnancy/post-termination support		
Sexual assault (including PTSD, anxiety/difficulty around sex or intimacy, supported cervical screening)		
Sexual wellbeing (anxiety or pain around sex, vaginismus, libido/arousal difficulties)		
Compulsive or risky sex (chemsex/porn addiction/recurrent STIs/sexual risk)		
Other		

CURRENT RISK/SAFETY ISSUES (please indicate the level of risk: low, medium, high, or unknown)		
SUBSTANCE USE Please specify quantity, duration, and impact of use if known		
Please detail any risk/safety issues Suicide: _____ Self-harm: _____ Harm to others: _____ Vulnerable to exploitation: _____ Justice/Legal issues: _____		
Please note SHQ is a specialist sexual wellbeing service. We are not able to accept referrals for acute risk or vulnerability related to mental health, substance use or domestic violence.		
FAMILY/DEVELOPMENTAL HISTORY		
LIVING/SOCIAL SITUATION Please describe current living situation/social/peer/relationships and supports		
EDUCATION AND WORK HISTORY		
PAST AND CURRENT PSYCHOLOGICAL TREATMENT Please provide overview of current and/or prior interventions		
RELEVANT MEDICAL HISTORY Please include details relevant to sexual wellbeing or reproductive health		
CURRENT MEDICATIONS		
Medications	Dose/frequency	Date commenced/Duration of use
Any further details:		
SIGNIFICANT CONTACTS/SERVICES INVOLVED (e.g. GP, support groups, mental health services)		
Contact	Address	Telephone
USUAL GP:		
OTHER:		
Any further information?		
REFERRER DETAILS Name/Position Agency/Address		Contact Number
SHQ COUNSELLING OFFICE USE ONLY		
Date Referral Received:	Date Triaged:	Triaged by:
Date Presented:	Outcome of Referral:	Referred on to: