



Gender Diversity Service

Referral form

Please complete this form with as much information as possible. This will help us know how best to respond. We welcome letters, assessment reports and any other relevant documentation in addition to this completed form.

Please return this form by clicking the SUBMIT button at the bottom.

Or print and fax it to 08 6456 2343.

Please indicate who has provided consent for this referral to the Gender Diversity Service:

Parent 1:

Parent 2:

Relationship to child:

Relationship to child:

Legal guardian: Yes No

Legal guardian: Yes No

Who is the residential parent?:

Birth mother

Birth father

Other

Details of child/adolescent/young person being referred to the GDS:

1. Legal name:

2. Birth assigned sex:

3. Preferred name:

4. Ethnicity:

5. Preferred pronouns:

6. Primary language:

Language spoken:

7. Interpreter needed? Yes

No



8. Date of birth: (format dd-mmm-yyyy)
9. Mother's name and phone number:
10. Father's name and phone number:
11. Please indicate relationship:
12. Residential address:
13. Email address of responsible adult:
14. Medicare number: Not eligible for Medicare?
15. GP name and address:
16. Does the parent consent to GDS contacting the GP? Yes No

Referring agency information

1. Name: 2. Phone number:
3. Service: 4. Fax number:
5. Position: 6. Date:

Reason for referral and background of gender concern, including duration of gender concerns (eg. Age of awareness, family adjustment, name, pronouns, mental health, impact on functioning)

Please give relevant medical history, including current medications:

Is the patient seeing a mental health provider?

Yes No

If yes, please provide name and contact details:

If no, has the GP provided a Mental Health Care Plan?

Yes No

Mental health and development (e.g. Mood disorders, autism spectrum):

Incidents of self-harm, suicide attempts or other risk concerns:

Family health and family mental health:

Involvement of other agencies or professionals (e.g. social services, CAMHS, voluntary sector, support group/s, private psychologist etc.)

The **Gender Diversity Service** is a specialist service which works collaboratively with other services as needed to meet the holistic needs of the child/adolescent/young person and families we see.

At the Gender Diversity Service, a young person and family may see a mental health nurse, psychiatrist, clinical psychologist, consultant endocrinologist, or other specialist at different times.

The Gender Diversity Service will be in contact with the referrer as soon as possible once the referral is processed.

Contact us

To discuss a referral please call the Gender Diversity Service on (08) 6456 0202.