Gender Diversity Service

Referral form

Disclaimer

Please complete this form with as much information as possible as this is essential for the referral to be progressed. 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. The Gender Diversity Service provides non-urgent assessment, information, support, and gender affirming care. GDS does not offer crisis response and cannot provide regular frequent psychological therapy. In the event of a mental health crisis please contact **CAMHS Crisis connect 1800 048 636** or present to an Emergency Department.

Referring agency information

Name	
Service	
Position	
Phone number	
Postal address	
Email address	
Date	

Complete this form and send to:

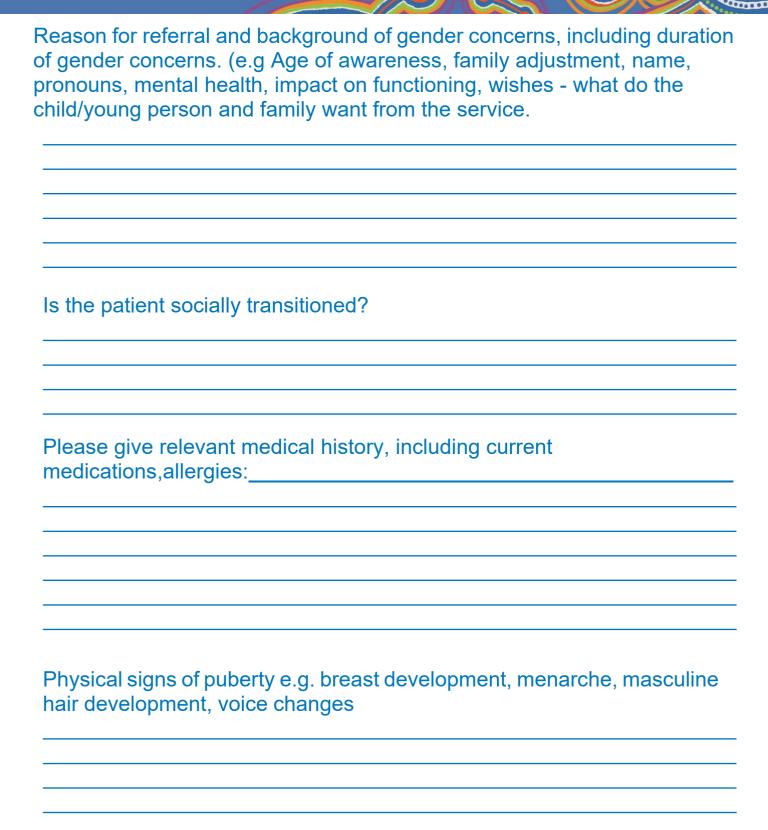
General Practitioners send to Central Referral Service via Secure messaging, fax or post. Other Health Professionals send to PCH Referrals. Please refer to PCH GDS website for details.

If completing digitally, please download and save this form before you start entering information

to the Gender Diversity Se	rvice:		
(If child is living independe	ntly as a mature minor, or is in the care of the		
Department of Communitie	es, please indicate this)		
Name of Parent 1:	Name of Parent 2:		
Relationship to child:	Relationship to child:		
Legal Guardian: Yes	Legal Guardian: Yes		
No	No		
Details of Child/Adolescen	t/young person being referred to the GDS:		
1. Legal name:			
2. Chosen name:			
3. Pronouns:			
4. Date of birth:/	<u> </u>		
5. Sex Registered at birth:			
6. Ethnicity:			
7. Primary language:Other Languages:			
8. Interpreter needed? Yes □	No □		
9. Parent 1 name, phone number a	nd residential address:		
10. Parent 1 email address:			

Please indicate the legal guardian who has provided consent for this referral

11.	Parent 2 name, ph	one number and residential address:	
12.	Parent 2 email add	ress:	
13.	Medicare number:		
Ref	#:	Valid to: Not eligible for Medicare?	Ш
14.	GP's name and ad	dress:	
15.	Does the parent con	sent to GDS contacting the GP?	
Yes	s □ No □		



and work collaboratively with other service providers. 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, ADHD, eating disorder): Incidents of self-harm, suicide attempts or other risk concerns: Family health and family mental health:

The following questions will assist us in understanding how we can best support the Child/Adolescent/young person being referred to the GDS,



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 another specialist at different times.

Due to a high demand for our service, we will contact you as soon as possible.