

Accessing services with clinicians at Mind Connections is easy, and user-friendly. Making an appointment is easy.

This section can be filled by the patient/carer.

Title/First name _____ Last name _____ DOB _____

Street Address _____ Suburb _____ Postcode _____

Medicare Number _____ Ref: _____ Valid until: _____

Health Care Card Number _____ Ref: _____ Valid until: _____

Preferred method of contact

Mobile _____ Email _____

Alternative contact

Name _____ Relationship _____ Phone number _____

Health fund

Fund: Private / self-funded Department of Veteran Affairs Workcover Health fund: _____

Membership / claim number: _____

This section must be filled by the GP, nurse practitioner or other specialists.

Referred to

Geriatrician Endocrinologist Rehabilitation Specialist Other

Reason(s) for referral

Medications and clinical notes (include relevant attachments)

Additional information - include comorbidities, current medication(s), and previous antidepressants trialled if applicable.

Referring doctor GP Other:

Name: _____

Provider number: _____

Practice Address: _____