

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 Veterans Workcover Health fund: _____

Membership/claim number: _____

Referred to: Psychiatrist Psychologists

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

Referral information

Reason(s) for referral

Major depressive disorder Generalised anxiety disorder Obsessive-compulsive disorder Post-traumatic stress disorder
 rTMs Other: _____

Medications and clinical notes

In the last 12 months, has this patient: Trialled 2 or more classes of antidepressants (list under additional information below)

Been admitted for psychiatric condition

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

Referring doctor Psychiatrist GP Other: _____

Name: _____

Provider Number: _____

Practice Address: _____