

## GP/ Paediatrician referral letter for Psychologists

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### Referral to:

### Referrer - GP/Paediatrician details:

\*Name:

\*Address:

\*e-mail:

\*Contact Details:

### Please tick a box below

I have attached the GP Mental Health Care Plan (MHCP) for this referral.

### Patient details

\*Name:

DOB:

\*Address:

\*e-mail:

\*Contact Tel or Mobile:

Medicare/DVA Nu:

Work cover/3rd party Insurer if applicable:

Case number:

Health Fund Name:

Number:

Reason for Referral (please tick boxes)

Group Therapy

Individual Trauma Based Counselling

Obesity & Eating Disorder Management under EDP

Third party psychological Therapy

ADHD /ADD/ Autism / IQ Assessment (Only Mr Paul Salviani)

Other Clinical Information

\*Signature of the GP /Paediatrician:

\*Provider Number:

\*Date: