Your Mind Matters Psychology Services
SUITE 19, 270 FERNTREE GULLY ROAD, NOTTING HILL, VIC 3168
PH: (03) 9802 4654 FAX: (03) 9923 6716 WWW.YOURMINDMATTERS.NET.AU

PSYCHOLOGY REFERRAL FORM

Telehealth and in-person appointments | Medicare, NDIS and private clients welcome

PATIENT DETAILS

Full name _____ **Date of birth** _____

Phone number _____

REFERRAL TYPE AND FUNDING

☐ GP Mental Health Treatment Plan ☐ Eating Disorders Plan ☐ NDIS ☐ Private / self-funded ☐ EAP
☐ Other: _____

Has the patient had a GP Mental Health Treatment Plan / Psychiatrist Assessment & Management Plan prepared?

☐ ***Yes*** ☐ ***No — this is a referral letter only***

Number of sessions referred _____

CLINICAL INFORMATION

Reason for referral / presenting concerns _____

Relevant history, current medications and risk considerations (incl. any risk of harm to self or others) _____

REFERRING PRACTITIONER & CONSENT

Practitioner name _____

Provider number _____

Practice name and address _____

Phone / email _____

I confirm the patient has consented to this referral and to the exchange of relevant clinical information with Your Mind Matters Psychology Services for the purpose of coordinating their care.

Referrer signature _____ **Date** _____

Please return to Your Mind Matters Psychology Services via

fax (03) 9923 6716 or email: admin@yourmindmatters.net.au

We will contact the patient directly to arrange an appointment.