Thriving Mind

REFERRAL FORM *(For GPs and health care providers)*

(Practice name)
(Practice address line 1)
(Practice address line 2)
(Practice phone)
(Practice Fax)
(Practice ABN)

(Date)

Ms Romi Kaufman
Thriving Mind Psychology
(272 Church St. Richmond, VIC, 3121) (601 Dandenong Rd Armadale, VIC, 3143)
Phone: 0409 763 101

Dear Romi,

Re: **Patient Full Name** ……..
Address ……
……
Home phone …….. **Mobile** ……
DOB …….. **Age** ……..……
Medicare number ……

Type of referral: □ Medicare (Item numbers 2700, 2701, 2715 or 2717) □ Private

Date of Mental Health Care Plan *(required for Medicare referrals)* ……

Reason for referral:

□	Depression	□	Adjustment Disorder
□	Anxiety / Panic	□	Post-traumatic stress disorder
□	Mixed Anxiety / Depression	□	Sleep problems
□	Phobic Disorder	□	Relationship / Interpersonal Issues
□	Bipolar Disorder	□	Grief
□	Obsessive Compulsive Disorder	□	Other *(Please specify)*……....

Number of sessions requested: □ Six (6) □ Other *(please specify)* ……..
(Tick only if the patient has received prior psychological counseling claimed under Medicare this calendar year.)

Thank you for seeing this patient for an opinion and management.
Other relevant referral information (including current medications):……
……..
……..
……..
.....

Yours sincerely,

(Referring Doctor's name)
(Provider number)