Date of Referral _____

Patient Name _____

Patient DOB_____**Contact Number**_____

Address_____

Reason for Referral_____

_____

GOALS FOR TREATMENT (Please tick)

- ◯ Improve symptoms & function (home/school)
- ◯ Diagnostic clarification
- ◯ Address risk
- ◯ School attendance
- ◯ Other

CONCERNS (Please tick)

MOOD SYMPTONS

- ◯ Sleep ◯ Appetite
- ◯ Energy
- ◯ Changes in mood
- ◯ Motivation
- ◯ Reduced interest & enjoyment
- ◯ Social withdrawal

ANXIETY SYMPTOMS

- ◯ Panic Attacks
- ◯ Excessive Worrying
- ◯ Obsession/Compulsion
- ◯ Nightmares/Flashbacks
- ◯ Social Anxiety
- ◯ School Absence

BEHAVIOUR DIFFICULTIES

- ◯ Self Injury
- ◯ Aggression
- ◯ Disruption/Concentration
- ◯ (home/school/work)
- ◯ Motivation
- ◯ Social/Peer difficulties
- ◯ Concentration

EATING

- ◯ Restricting/Binging
- ◯ Compensating (purging, exercising, laxative)

DEVELOPMENTAL

- ◯ Speech/Language
- ◯ Intellectual performance
- ◯ Peer relationships
- ◯ Developmental delay

FUNCTION

- ◯ School
- ◯ Home
- ◯ Work
- ◯ Friends

RISKS

- ◯ Self
- ◯ Other

ADDITIONAL INFORMATION (Needed for MHCP for Psychologist)

NUMBER of sessions
- ◯ 6 Individual
- ◯ 4 Individual
- ◯ 6 Group
- ◯ 4 Group

DIAGNOSIS (please tick one or more if known)
- ◯ Mood Disorder
- ◯ Anxiety Disorder
- ◯ Eating Disorder
- ◯ ADHD
- ◯ Gender Dysphoria

REFERRAL FOR SPECIFIC ASSESSMETNS (may not be covered by Medicare)
- ◯ Cognitive (psychometric)
- ◯ ADHD
- ◯ Learning Disorder

REFERRING PRACTITIONER DETAILS (or STAMP)

NAME_____

CLINIC_____

ADDRESS_____

PHONE NUMBER_____FAX NUMBER_____

PROVIDER NUMBER_____

BOOK APPOINTMENT WITH:

PSYCHIATRIST

- ◯ Dr Emma Heffernan (Child/Adolescent/Adult)
- ◯ Dr Jasveen Kaur (Child/Adolescent/Adult)
- ◯ Dr Megan Richardson (Child/Adolescent)
- ◯ Dr Nasim Heidari (Child/Adolescent/Adult)
- ◯ Dr Sundar (Child/Adolescent)
- ◯ Dr Sonali de Sylva (Child/Adolescent)
- ◯ **First Available**

PSYCHOLOGIST

- ◯ Elizabeth Parr – Clinical Psychologist (Adolescent/Adult)
- ◯ Fiona Jamieson- Clinical Psychologist (Child/Adolescent)
- ◯ Nicole Dorrington (Child/Adolescent/Adult)
- ◯ Sonja Kubik (Child/Adolescent)
- ◯ Swati Basu (Child/Adolescent/Adult)
- ◯ **First Available**

MENTAL HEALTH SOCIAL WORKER

- ◯ Melissa Armstrong (Child/Adolescent/Adult)

DIETITIAN

- ◯ Kate Feely (Child/Adolescent/Adult)

OCCUPATIONAL THERAPIST

- ◯ Lisa Johnson (Adolescent/Adult)

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