DELASA PSYCHOLOGY

Phone: 9494 1327 Fax: 9494 1123
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Address: St. Paul's Shopping Centre, Unit 5, 3 La Fayette Blv, Bibra Lake WA 6163

Confidential Referral Form

Referrer's Name:_____ Provider Number:_____
Practice Address:_____
Tel:_____ Fax:_____

Client Name:_____ D.O.B:_____
Address:_____
Tel:_____ Mob:_____
Occupation:_____ Currently employed? YES/NO
Health Care Card/Pension Card? YES/NO
Client aware of referral? YES/NO

Parent/Guardian Name (if referring child under 18):_____
Tel:_____
Relationship to Client:_____
Occupation:_____ Currently employed? YES/NO
Health Care Card/Pension Card? YES/NO

Presenting Problem/Diagnosis:_____
_____
_____
_____

History/treatment (including psychotropic medications):_____
_____
_____
_____

Risk assessment (suicide risk, risk to others, risk prevention plan):_____
_____
_____

In your opinion what would the client benefit from? (Please tick appropriate boxes)
Therapeutic mode: Individual ☐ Group☐

Psycho-education ☐	Anger management ☐	Trauma counselling ☐
Mood management ☐	Stress management ☐	Social skills training ☐
Anxiety management ☐	Parent management training ☐	Interpersonal Therapy ☐

Other treatment recommendations: _____
_____

To determine if a Medicare rebate can be claimed, please tick a box:
Managed under a GP Mental Health Treatment Plan (item 2700, 2701, 2715 or 2717) ☐
Managed under psychiatrist assessment and management plan (item 291) ☐
An eligible psychiatric or a paediatric service has been provided and claimed ☐

Signature of the Referring Agent:_____ Date:_____

Please ask your patient to book an appointment by phoning 9494 1327.
Please fax this referral form to 9494 1123 or ask your patient to bring a copy to their first appointment.