

Referral letter

Note: Please ensure the patients contact details and your provider number are included.

Specialist for referral:

Patient

Name: Ph: DoB:

Address: Suburb: Postcode:

Referring GP

Name: Ph:

Address: Suburb: Postcode:

Provider Number:

Reason for referral

Psychiatric history

Previous treatment

- Past Psychotherapy

- Past Medication

Current medication

Medical history

Risk issues

- Suicidality

- Aggression

- Forensic history