

## *Referral Form*

Location Preference:

North Parramatta

Crows Nest

Patient Details:

Name: ..... DOB: .....

Address: .....

Email: ..... Mobile: ..... Other: .....

Referrer Details:

Name: ..... Provider No: .....

Referring Agent: GP / Paediatrician / Psychiatrist / School Counsellor / Allied Health Professional  
(please specify).....

Phone: ..... Fax: ..... Email (optional):.....

For GPs, Paediatricians and Psychiatrists:

I have either completed a Mental Health Care Plan for this patient or equivalent referral (i.e., the patient will be eligible for Medicare rebated sessions)

I have not completed a MHCP because the patient is not appropriate at this time / the patient did not want one / I would like the patient to be assessed by a psychologist first.

Presenting Problem / Relevant Information:

.....  
.....  
.....  
.....

Consent:

The patient will phone the Practice on **9630 0559** or will email *psychologists.practice@gmail.com* to make and appointment, or

The patient would like us to contact them on the numbers provided above (if you do not specify, we will contact the patient to be sure he/she is being serviced).

Once completed, please fax this form to **9630 0556**. Alternatively, you are welcome to phone us on **9630 0559** or email us at *psychologists.practice@gmail.com*. We would be happy to answer any questions, or to discuss any possible referrals.

**Please also fax or include a copy of the referral letter, if appropriate.**

1B Grose St North Parramatta 2151

Level 2, 43 Hume Street Crows Nest 2065

**P: 9630 0559 F: 9630 0556**

[www.westernsydneypsychology.com.au](http://www.westernsydneypsychology.com.au) • [www.thechildrenspsychologyclinic.com.au](http://www.thechildrenspsychologyclinic.com.au) • [www.northernsydneypsychology.com.au](http://www.northernsydneypsychology.com.au)

Principal: Dr Elizabeth Seeley-Wait, Clinical Psychologist