



## Psychology Referral

### Patient Details

Client full name:		
Gender:	DOB:	Risk Level (If applicable):
Phone:	Email:	Address:
Funding: <i>How will the services be paid – Please circle</i>		
Medicare	NDIS Self or Plan-Managed	DVA
WorkCover/CTP	EAP	Private Health
Privately Paying	Thrive Institute	Other Not Listed
		Victims of Crime DCJ Lifetime Care Open Arms

### Referrer Details (If applicable)

Referrer Name:	Occupation:	Organisation:
Phone:	Email:	Location/Address:

<p><i>Reason for referral:</i></p> <p>Is this referral for treatment? <i>Treatment refers to ongoing intervention for a specific mental health issue. Limited information is provided to the referral agent without specific consent from the client.</i></p>	<p>Please identify the reason for the treatment request, with as much detail that can be provided, including presenting issues or previous diagnosis:</p>
<p>Is this a referral for an assessment? <i>An assessment generally answers a specific question (such as NDIS applications, ADHD diagnosis, Cognitive Function) with a report being the outcome after an Assessment session.</i></p>	<p>Please identify the reason for the assessment request, with as much detail that can be provided:</p>



Preferred Modality:	<input type="checkbox"/> Face-to-Face	<input type="checkbox"/> Telehealth
<b>***Consent: Patient or Parent/Guardian for a Child Must Complete for the Referral to be Accepted***</b>		
<input type="checkbox"/> Referrer confirms that the patient understands and consents to the following:		
<ol style="list-style-type: none"><li>1. Understands that the information provided in this referral is required to determine eligibility for services with Hunter Psychological Services.</li><li>2. Gives consent for services to be provided by Hunter Psychological Services, as requested on this referral.</li><li>3. Gives permission for the exchange of this information between Health Professionals and other agencies for the purpose of coordination of care.</li></ol>		
Signature: _____		Date: _____

Please send the completed form and any other supporting documents via:  
Secure Fax: 02 4006 3027 or Email: [info@hunterpsych.com.au](mailto:info@hunterpsych.com.au)

If you are unable to complete this form, please scan the code below to submit an online form of your referral:



Thank you