



McKinnon Psychology
Level 1/14 Bay St
Double Bay,
NSW 2028

Health Professional Referral Form

Referrer Details:

Name: Provider No:

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

Phone: Fax: Email (optional):

Patient Details:

Name: DOB:

Address:

Email: Mobile: Other:

Presenting Problem/ Relevant background Information:
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.....
.....

Consent:

The patient will phone McKinnon Psychology on 0435 950 320 or will email admin@annamckinnon.com to make an appointment, or

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

For GPs, Paediatricians and Psychiatrists only:

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.

I have not completed a MHCP because the patient did not want one.

I have not completed a MHCP because I would like the patient to be assessed by a psychologist first.

Signature: _____

Health Professional name: _____

Once completed, please fax this form to 02 8456 6097. Alternatively, you are welcome to email this through to admin@annamckinnon.com.au.