McKinnon Psychology
Suite 3A, 2 New Mclean St
Edgecliff, 2027

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:

Which McKinnon Psychology psychologist would you like to refer your client to? .....

Name: ..... DOB: .....
Address: .....
Email: ..... Mobile: ..... Other: .....

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

Consent:

[ ] The patient will phone McKinnon Psychology on 0435 950 320 or will email admin@mckinnonpsychology.com.au to make an appointment, or
[ ] The patient would like the McKinnon Psychology administration 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 phone us on 0435 950 320 or email us admin@mckinnonpsychology.com.au.