MINDCARE
AUSTRALIA

Mindcare Australia Psychology Referral Form

Referrer Details	
Date:	

Client / Patient Details	
Full Name:	
Date of Birth (DD/MM/YYYY):	
Phone:	
Address:	
Email:	
Medicare Number:	
Private Insurance Details (if relevant):	
WorkSafe / TAC / Other claim details (if relevant):	
Concession / Pension Card (if relevant):	

Referrer Details	
Referrer's Name (Stamp):	
Organisation address:	
Provider number:	
Contact Phone:	
Email Address:	
Fax:	

Reason for Referral	
Primary Concern(s): (e.g. anxiety, depression, trauma, ADHD, etc.):	
Relevant History:	

Instructions for Completion

- Please fax or email the completed form to: Email: Info@mindcareaustralia.com.au • Fax: (03) 7067 9950
- Attach any relevant reports or test results (e.g. GP mental health plan, prior psychological assessments)