THE
Monarch Clinic
AUSTRALIA
A division of Monarch Mental Health Group

Patient Care Team hours: Mon - Fri 9:00AM–5:00PM (AEST)
1300 867 888 1300 867 889 www.mmhg.com.au

Referral for mental health assessment and treatment services

Fax referral form to 1300 867 889 or email to referrals@mmhg.com.au Patient will be contacted within 2 business days of receipt.

Patient details

Title/First name ____________________ Last name ____________________ DOB ____________

Street Address ______________________________ Suburb ____________________ Postcode ______

Medicare Number ______________________________ Ref: __________ Valid until: ____________________

Preferred method of contact

Complete if your patient consents to our Patient Care Team contacting them directly to book an appointment.

☐ Mobile ____________________ ☐ Email ______________________________

Alternative contact

Complete if there is someone our Patient Care Team can contact if we are unable to reach the patient.

Name____________________ Relationship ____________________ Phone number ____________________

Health fund

Fund: ☐ Private / self-funded ☐ Department of Veteran Affairs ☐ Workcover ☐ Health fund: ____________________

Membership / claim number: ______________________________

Referral information

Reason(s) for referral

☐ Major depressive disorder ☐ Generalised anxiety disorder ☐ Obsessive compulsive disorder ☐ Post-traumatic stress disorder

☐ Other: ______________________________

Medications and clinical notes

In the last 12 months, has this patient: ☐ Trialled 2 or more classes of antidepressants (list under additional information below)

☐ Been admitted for psychiatric condition **or** ☐ Is currently admitted at: ____________________

Additional information - include comorbidities, current medication(s), and previous antidepressants trialled if applicable.

____

____

____

Referring doctor

☐ Psychiatrist ☐ GP ☐ Other: ____________________

Name ______________________________

Provider number ______________________________

Practice Address ______________________________

____

The following is required for us to send you patient reports

Mobile ______________________________

Direct Email (not reception) ______________________________

Doctor's signature ____________________ **Date**__________

Optional: doctor / clinic stamp

Monarch
MENTAL HEALTH GROUP

Monarch Clinic is a division of Monarch Mental Health Group ABN 92 612 444 845. Head Office, Suite 701, Level 7, 225 Clarence Street, Sydney NSW 2000. Phone: 1300 867 888. Email: info@mmhg.com.au

Date of preparation: March 2022 MKT–MON-001