

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 trialed if applicable.

Requesting 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

| Circumstance | Justified (%) | Not justified (%) |
|-------------------------------|---------------|-------------------|
| If someone is attacking you | 85 | 15 |
| If someone is threatening you | 75 | 25 |
| If someone is harassing you | 65 | 35 |
| If someone is insulting you | 55 | 45 |
| If someone is annoying you | 15 | 85 |