

Booked Psychiatric Assessment Referral Form



Please note: This service DOES NOT provide medico-legal reports e.g. for Centrelink, the courts, Workcover, or DSP Applications.

Date of Referral:	
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Client Details

Name:			
DOB:		Gender:	
Address:		Home number:	
		Mobile number:	
Does the client identify as an Aboriginal or Torres Strait Islander?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Provisional diagnosis:		Medicare number:	

GP Details

Name:		Provider number:	
Phone:		Fax:	
Client consent / information given?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Next of Kin Details

Name:		Phone:	
Address:			

Exclusion Criteria *(must complete this section)*

WorkCover Claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attention Deficit Disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medico/Legal Issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Intellectual Disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DSP Application?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Presenting issues and relevant history:

Previous Mental Health Services

Mental Health Triage Service?		Mental Health Services?	
NHN Mental Health Services?		Other?	

Current Medications

Medication List:

Other Relevant Information

Office Use Only *(at date of booked assessment)*

Client Signature: _____ GP Signature: _____

Dr Rajan Nagesh Signature: _____ MH Clinician Signature: _____

Please fax completed referral form to Sonder on (08) 8252 9433.