

REFERRAL FORM

FORM TO BE COMPLETED BY PARENT OR REFERRING PROFESSIONAL

CLIENT INFORMATION		
NAME OF CHILD	SURNAME	<input type="checkbox"/> MALE
DATE OF BIRTH		<input type="checkbox"/> FEMALE
PARENTS / GUARDIANS FIRST NAME	1	2
ADDRESS		
PHONE	HOME	HOME
	WORK	WORK
	MOBILE	MOBILE
EMAIL		
REASON FOR REFERRAL		
Please write a brief statement outlining concerns		

REFERRAL FORM

REFERRING PROFESSIONAL DETAILS for MEDICARE FUNDED SUPPORT SERVICES	
<p>NAME / POSITION</p> <p>Medicare Provider Number of referring GP/Medical Specialist</p> <p>General Practitioner Referrals please provide Mental Health Care Plan</p>	<p>Valid referrals for therapy support under a Mental Health Care Plan (MHCP), Enhanced Primary Care Plan (EPCP), or Helping Children with Autism Package (HCWA) require both the MHCP/EPCP /HCWA <u>and</u> a written referral (letter or note accompanying the MHCP/EPCP/HCWA, or letter or note sent by post, email, or fax addressed to the Psychologist/Speech and Language Pathologist that you are seeing). Medicare deems that a MHCP/EPCP/HCWA in isolation of a referral letter or note is insufficient to constitute a valid referral for the purposes of a valid claim under the Medicare Benefits Schedule. A separate referral document in addition to the MHCP/EPCP/HCWA is required.</p>
ADDRESS	
PHONE	
FAX	
EMAIL	
<p>Please note that Medicare Australia must have received a claim for your GP Mental Health Care Plan or Specialist Medical Practitioner referral item before clients can access Medicare funded psychological support services.</p>	
<p>Referral checklist for Medicare funded psychological services:</p> <p><input type="checkbox"/> Referring Medical Practitioner's Medicare Provider Number provided with referral</p> <p><input type="checkbox"/> GP Mental Health Care Plan item or Medical Specialist referral item received by Medicare Australia</p> <p><input type="checkbox"/> GP Mental Health Care Plan attached to this referral</p>	
SERVICES REQUESTED	
<p><input type="checkbox"/> Consultation</p> <p><input type="checkbox"/> Parenting support</p> <p><input type="checkbox"/> Assessment and Diagnostics</p> <p><input type="checkbox"/> Therapy Support</p> <p><input type="checkbox"/> School Support Services</p> <p><input type="checkbox"/> Parent Workshops</p> <p><input type="checkbox"/> Professional Development</p>	<p>ATTACHMENTS CHECKLIST:</p> <p><input type="checkbox"/> Service Agreement and Parent Form of Consent</p> <p><input type="checkbox"/> Reports (allied health / educational) if applicable</p> <p><input type="checkbox"/> Medical correspondence if applicable</p> <p><input type="checkbox"/> Mental Health Care Plan and Referring Medicare Provider Number, if applicable</p>