



Please send referrals to:  
HelloDoc Telepsychiatry  
E: [referrals@hellodoc.com.au](mailto:referrals@hellodoc.com.au)  
OR  
F: 03 9001 0712

**FROM:**

Name:

Address:

Phone:

Fax:

Email:

Provider #:

Referral date:

**PATIENT DETAILS:**

Name:

DOB:

Address:

Phone:

Email:



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**REFERRER DETAILS -**

Referrer is a (select one):

GP     Other

Shared care model (tick if applicable)

Appointment to take place at referring GPs medical practice

Reason for referral (select one):

Psychiatric assessment under 291     Private patient/ non-Medicare card holder  
*(fees apply)*

Reason for referral:

Past psychiatric history (including hospital admissions):



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Medications:

Risk concerns (eg. suicidal ideation, past suicidal attempts, self-harm, forensic / police involvement, violence):