



HelloDoc
Making Healthcare Easier

Please send referrals to:
HelloDoc Telepsychiatry
E: referrals@hellodoc.com.au
OR
F: 03 9001 0712

FROM:

Name:

Address:

Phone:

Fax:

Email:

Provider #:

Referral date:

PATIENT DETAILS:

Name:

DOB:

Address:

Phone:

Next of Kin,
Contact # and
Name:

Email:

Medicare Card /
DVA Number

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)

Has the patient been reviewed by any private Psychiatrist in the last 12 months?

Yes No

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):