HelloDoc
Making Healthcare Easier

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

Referral Form

Referrer Details

REFERRER IS A:

◯ General Practitioner ◯ Nurse Practitioner ◉ Other:

NAME:

PRACTICE NAME:

PRACTICE EMAIL/FAX (PREFERRED WAY OF COMMUNICATION):

ADDRESS:

POSTCODE:

PHONE:

PROVIDER NO. :

REFERRAL DATE:

PATIENT DETAILS

FIRST NAME:

SURNAME:

DATE OF BIRTH:

ADDRESS:

POSTCODE:

PHONE:

EMAIL (PREFERRED):

MEDICARE CARD (MEDICARE CARD & REF NO.):

NEXT OF KIN, CONTACT NO. AND NAME:

Reason for referral:

Psychiatric assessment under 291

Private patient/ non-Medicare card holder

Review appointment for existing patient (MBS 293 or other relevant item number)

DETAILS FOR REFERRAL:

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PAST PSYCHIATRIC HISTORY (INCLUDING HOSPITAL ADMISSIONS):

MEDICATIONS:

RISK CONCERNS:

***Please send any additional supportive documents along with this letter.**

****Please advise your patients to call us if they have not heard from us within 5 business days of sending the referral.**