HelloDoc
Nationwide Psychiatry Service

Please send referrals to:
HelloDoc telepsychiatry
referrals@hellodoc.com.au
OR
Fax 03 9001 0712

Referral Form

Referrer Details

REFERRER IS A:

○ General Practitioner ○ Nurse Practitioner ○ Others

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
- ☐ PSYCHIATRIST ONGOING APPOINTMENTS OR 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