

CONFIDENTIAL

Referral Form

Dear Psychiatrist / HelloDoc clinician
Valid 12 months from referral date

REFERRAL TO (tick all that apply)

☐

Psychiatrist

☐

Psychologist

☐

ADHD Coach

Psychologist: please attach the patient's GP mental health plan where applicable.

01 Referrer details

REFERRER IS A

☐

General Practitioner

☐

Nurse Practitioner

☐

Other

NAME

PRACTICE NAME

PROVIDER NO.

REFERRAL DATE

PHONE

PRACTICE EMAIL / FAX (PREFERRED CONTACT)

PRACTICE ADDRESS & POSTCODE

02 Patient details

Mobile and email are required so we can book

FIRST NAME

SURNAME

DATE OF BIRTH

MEDICARE NO. & REF / DVA NO.

MOBILE *

EMAIL *

ADDRESS & POSTCODE

Next of kin-name, relationship & contact no.



03 Clinical details

Our triage team will arrange the right care

REASON FOR REFERRAL - Presenting concerns and what you'd like from us

PAST PSYCHIATRIC HISTORY – including hospital admissions

CURRENT MEDICATIONS

RISK CONCERNS - Suicidal ideation, past attempts, self-harm, violence, forensic or police involvement

- ☐ Supporting documents attached
- ☐ Patient consents to this referral and has been advised to call HelloDoc if not contacted

REFERRER SIGNATURE _____

DATE _____

SEND

HealthLink EDI: hellodoc
referrals@hellodoc.com.au
Fax 03 9001 0712

WHAT HAPPENS NEXT

Our triage team reviews the referral
and aims to contact your patient
within 3 business days.

PLEASE ADVISE YOUR PATIENT

to call 1300 959 942 if they have not
heard from us within 3 business days.
Not an emergency service – call 000.