GP Referral Form

(Please complete and attach to Mental Health Treatment Plan/ Mental Health Treatment Plan Review **as per Medicare Legislation requirements**)

|  |  |  |  |  |  |
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| **Client Details** | | | | | |
| Client Name |  | | | | |
| Medicare Card No. |  | Ref No. |  | Expiry |  |

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| --- | --- | --- | --- |
| **Service Details** | | | |
| ☐Mental Health Treatment Plan (2710, 2715)  Please indicate # of sessions approved  ☐ Mental Health Treatment Plan Review (2712)  Please indicate # of sessions approved | | | |
| Referred to  (Psychologist name or Balance Psychology if name unknown) |  | Referral Date |  |
| **Notes** | | | |
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| **Referring GP Details** | | | |
| Referring GP |  | Provider No. |  |
| Practice |  | | |

Please send this referral form **PLUS** Mental Health Treatment Plan to:

**Email:** [refer@balancepsych.com.au](mailto:refer@balancepsych.com.au)

**Fax: (03) 9786 7265**