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

**Fax: (03) 9786 7265**