**GP / Specialist Referral Form**

Request the Provision of Psychological Treatment

**Date:** 10-May-23

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| **Referral to: I relate. Health.**  We are a social enterprise of Interrelate providing affordable, effective and accessible psychological counselling to anyone, anywhere in Australia. Appointments are available outside regular business hours.We will call your patient within 48 hours of receiving a referral. |
| **Referring Provider Details** |
| **GP / Specialist Name:**  |  |
| **Provider Number:**  |  |
| **Practice Name:**  |  |
| **Practice Address / Contact:** |  |
| **Provider Signature:** |  |
| **Patient Details** |
| **Name:** |  | **Date of Birth:** |  |
| **Phone:** |  |
| **Address:**  |  |
| **Email:** |  |
| **Medicare Number:** |  | **Individual Reference Number:** |  |
| **DVA Card:** |  | **DVA Number:** |  |
| **Bulk Billing Required?** | [ ]  **Yes** [ ]  **No** |

(Continue over)

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| **Reasons for Referral – Psychological Treatment** |
| **Condition(s) to be treated.** |  |
| **Number of sessions:** |  *(\* max number of sessions for an initial referral is 6; thereafter continuation of psychological treatment requires a re-referral, capped at 10 sessions per calendar year)*.  |

**Completed referral forms along with a valid Mental Health Treatment Plan can be submitted to either:**

**referral@irelatehealth.org.au**

or

**Medical Objects: HI2153000RJ**

**Phone: 1300 473 528**

**Web:** [**irelatehealth.org.au**](http://www.irelatehealth.org.au)

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| **By submitting this referral to I relate. Health you confirm that the patient understands and has given consent for the following:*** For you to submit this referral form to I relate. Health.
* For I relate. Health to receive and hold their personal details.
* For I relate. Health to contact them about the referral.
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***I relate. Health*** *is a social enterprise of Interrelate who has close to 100 years’ experience delivering quality family, relationship, and mental health services.*