

## GP / Specialist Referral Form

### Request the Provision of Psychological Treatment

Date:    /    /

|   |  |                                     |  |
|---|--|-------------------------------------|--|
| <p><b>Referral to: I relate. Health.</b></p> <p>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.</p> <p>We will call your patient within 48 hours of receiving a referral.</p> |  |                                     |  |
| <b>Referring Provider Details</b>   |  |                                     |  |
| <b>GP / Specialist Name:</b>  |  |                                     |  |
| <b>Provider Number:</b>   |  |                                     |  |
| <b>Practice Name:</b>   |  |                                     |  |
| <b>Practice Address / Contact:</b>  |  |                                     |  |
| <b>Provider Signature:</b>  |  |                                     |  |
| <b>Patient Details</b>  |  |                                     |  |
| <b>Name:</b>  |  | <b>Date of Birth:</b>               |  |
| <b>Phone:</b>   |  |                                     |  |
| <b>Address:</b>   |  |                                     |  |
| <b>Email:</b>   |  |                                     |  |
| <b>Medicare Number:</b>   |  | <b>Individual Reference Number:</b> |  |
| <b>DVA Card:</b>  |  | <b>DVA Number:</b>                  |  |
| <b>Bulk Billing Required?</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                     |  |

(Continue over)

| Reasons for Referral – Psychological Treatment |   |
|--|---|
| <b>Condition(s) to be treated.</b>             |   |
| <b>Number of sessions:</b>                     | <i>(* 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).</i> |

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

**[referral@irelatehealth.org.au](mailto:referral@irelatehealth.org.au)**

or

**Medical Objects: HI2153000RJ**

**Phone: 1300 473 528**

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

**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.

*I relate. Health is a social enterprise of Interrelate who has close to 100 years' experience delivering quality family, relationship, and mental health services.*