



Yellow Gum

PSYCHOLOGY

Referral Form

Referral to Yellow Gum Psychology for psychological treatment under provisions of the Medicare Better Access Scheme with a Mental Health Treatment Plan.

Patient Details

Patient Name:

DOB:

Address:

Telephone:

Medicare Number:

Reason for referral

Number of sessions being referred for:

- 6 sessions (initial referral)
- 4 sessions (second referral following completion of initial 6 sessions)
- 10 sessions (third referral following completion of 6+4 sessions)
- Other, please specify number of sessions: _____

GP - Psychiatrist - Paediatrician Details / Signature

Name:

Practice details:

Provider Number:

Signature:

Date of Referral:

WEB/EMAIL

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