



# Fremantle Clinical Psychology

FAX Referral sheet for Fremantle Clinical Psychology

FAX Number: (08) 9430 6171

Name of Patient (s): \_\_\_\_\_

Name of parents (if patient is a child)

\_\_\_\_\_

Date of Birth:(of the patient) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone numbers:

Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

Reason for referral:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other relevant information

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referral is made under (please tick the box):

- Mental Health Care Plan (Item 2710)
- Item 2713 (Psychiatrist/Paediatrician)
- Other care plan (please state) \_\_\_\_\_
- Other (please state) \_\_\_\_\_

Will the patient contact us to make an appointment?

Yes

No