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GP Referral Form

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| **Patient Details** |
| Patient name |  |
| Date of birth |  |
| Address |  |
| Medicare Card No. |   | Ref No. |   | Expiry |   |

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| **Service Details** |
| Please state if the patient has a GPMHTP, shared care plan or a psychiatrist assessment and management plan.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐Mental Health Treatment Plan (2710, 2715)Please indicate # of sessions approved  ☐ Mental Health Treatment Plan Review (2712)Please indicate # of sessions approved |
| Referred to | Jacqui ZdravkovskiEmpower You Counselling | Referral Date |  |
| **Presenting issues/Diagnosis/Medication** |
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| **Referring GP Details** |
| Referring GP name |  | Provider No. |  |
| Practice name/location |  |
| Contact details |  |

Please send this referral to:

**Email:** info@empoweryoucounselling.com.au