Child/Adolescent Referral Form

Please email your referral to
sleephealthtreatment@flinders.edu.au
We will contact your patient to schedule an appointment

AISH Sleep Health Clinic
Phone: 08 8432 4242
https://www.flinders.edu.au/fhmri/research/sleep-health/sleep-health-treatment

Flinders University

To arrange appointments for your child to see one of our psychologists, please email this completed referral form to sleephealthtreatment@flinders.edu.au. In addition to this referral please also attached a Patient health summary and MHCP. We recommend booking a **long consult** to provide sufficient time to complete the referral.

PLEASE NOTE, we are a **private clinic**, and co-payment is required per appointment. Please call or email our clinic for any questions regarding fees.

GP/SPECIALIST TO COMPLETE **Patient Details**			
First Name	Last Name	Gender	D.O.B.
Address			
Email Address			
Primary Parent/Guardian:	Phone (Mobile):		(Home):
Medicare No.	IRN	Expiry:	
Does the patient have a neurodevelopmental condition? ☐ Yes ☐ No		If yes, please specify:	

Preferred psychologist	
☐ First available	☐ Preferred clinician (see website for our practicing psychologists)
Name of preferred clinician	
Are any MHCP sessions currently used by another Psychologist? ☐ Yes ☐ No	If yes, how many?

*A Mental Health Care Plan MUST accompany this referral for patients to access MBS rebates under the Better Access initiative.

Current Risk Assessment for Suicide and Self Harm
Date assessed
Details
Provision for interim care
We are not an acute service and cannot respond to immediate high risk.

PLEASE ENSURE A PATIENT HEALTH SUMMARY AND MHCP IS INCLUDED WITH THIS REFERRAL
Previous sleep study report and/or specialist letter should also be included.
The referral must be completed in entirety to be accepted. If not, it will be returned for completion.

Referring Doctor		
☐GP ☐Specialist	Date	Provider no.
Referring Doctor		Signature
Practice name		
Email address		Phone no.
Address		

PARENT TO COMPLETE **Primary sleep complaint**		
☐ Difficulty falling asleep	☐ Frequent night waking	☐ Early morning rising
☐ Daytime lethargy/sleepiness	☐ Parasomnia	☐ Co-sleeping
☐ Other		

Planned payment method			
☐ Medicare Rebates (co-payment required)	☐ Private Cover	☐ NDIS for plan and self-managed clients only (confirm eligibility)	☐ Out-of-pocket