

Psychologist Referral Form

To arrange appointments for insomnia and circadian management, please email this completed referral form and Mental Health Care Plan to sleephealthtreatment@flinders.edu.au. Our staff will contact your patient with a suitable appointment time. We suggest booking a long consult to provide sufficient time to complete the referral.

Patient Details

First name:		Surname:	
Date of birth:		Phone:	
Medicare number:		IRN:	
Email address:			
Address:			
Clinical details:			

Referring Physician Details:

GP

Specialist

Psychiatrist*

Paediatrician*

Date:		Provider number:	
Referring doctor:		Signature:	
Practice name:			
Email address:		Phone number:	
Address:			

*Under the Better Access initiative, a MHCP is not required for Psychiatric and Paediatric referrals.

Clinical Signs/ Symptoms/ History

<input type="checkbox"/> Difficulty falling asleep	<input type="checkbox"/> Impact on focus, productivity	<input type="checkbox"/> Circadian rhythm problem
<input type="checkbox"/> Awakenings during the night	<input type="checkbox"/> Excessive sleepiness	<input type="checkbox"/> Shift work disorder
<input type="checkbox"/> Inability to return to sleep	<input type="checkbox"/> Distress regarding sleep	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Unrefreshing sleep	<input type="checkbox"/> Obstructive sleep apnoea	<input type="checkbox"/> Depression
<input type="checkbox"/> Impact on mood, energy, relationships	<input type="checkbox"/> Restless legs	<input type="checkbox"/> Trauma
<input type="checkbox"/> Reliance on medication to sleep	<input type="checkbox"/> Other, please specify:	

Length of presenting sleep problem:	Frequency of sleep problem (days/week):
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Brief description of presenting issue (e.g., onset, previous treatments, and response to treatments):

Research Trial Participation:

Is the patient currently involved/being referred as part of an AISH research trial? Yes No

If yes, name of research trail (incl. SAPOL reconditioning program):

Preferred Psychologist:

<input type="checkbox"/> Any	<input type="checkbox"/> Clin. Psychologist	<input type="checkbox"/> Reg. Psychologist	<input type="checkbox"/> Prov. Psychologist
<input type="checkbox"/> Dr Gorica Micic	<input type="checkbox"/> Ms Claire Dunbar	<input type="checkbox"/> Mr Greg Gardener	<input type="checkbox"/> Prof Leon Lack

Wait times between clinicians vary. We will endeavour to meet requests for preferred clinicians but cannot guarantee availability.

Please confirm a Physician referral form has been completed and accompanies this referral. This a requirement of our services:

 Yes No

Preferred Cover:

<input type="checkbox"/> Medicare Rebates*	<input type="checkbox"/> Private Cover	<input type="checkbox"/> NDIS	<input type="checkbox"/> DVA	<input type="checkbox"/> Out-of-pocket
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Number of sessions being referred for via MBS:

Are any MHCP sessions currently used by another Psychologist?

 Yes No

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

Other Services/Clinicians involved in patient care:

Name	Organisation	Profession	Contact Number

Psychiatric diagnoses:

Diagnosis	Treatment history
	<input type="checkbox"/> Provisional <input type="checkbox"/> Confirmed
	<input type="checkbox"/> Provisional <input type="checkbox"/> Confirmed
	<input type="checkbox"/> Provisional <input type="checkbox"/> Confirmed

Medical/Surgical diagnoses:

Diagnosis	Treatment history
	<input type="checkbox"/> Provisional <input type="checkbox"/> Confirmed
	<input type="checkbox"/> Provisional <input type="checkbox"/> Confirmed
	<input type="checkbox"/> Provisional <input type="checkbox"/> Confirmed

Current Medications:

Name	Indications	Dose	Frequency	Prescribed by	Duration

Mental state examination:

Current Risk Assessment for Suicide and Self Harm:

Date assessed: / /

Details:

For immediate concerns or high risk, please contact Mental Health Triage on 13 14 65 or have the patient present to the local emergency department. We are not an acute service and cannot respond to immediate high risk.