

Patient Details			
<b>Referral Date</b>		<b>DOB</b>	<b>Mobile</b>
<b>Name</b>			
<b>Address</b>			<b>Email</b>
<b>Country of Birth</b>			
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> LGBTIQA+		
<b>Ethnicity</b>	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> CaLD <input type="checkbox"/> Other		
<b>Language spoken</b>	<input type="checkbox"/> English <input type="checkbox"/> Other <small>(Currently Infocus Counselling is unable to provide services to <b>non- English</b> speaking patients)</small>		
<b>MANDATORY: Has the patient's MHCP been billed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> 2715 <input type="checkbox"/> 2700	<input type="checkbox"/> 92113 <input type="checkbox"/> 92125	<input type="checkbox"/> 92112 <input type="checkbox"/> 92124	<input type="checkbox"/> 281 <input type="checkbox"/> 272
<input type="checkbox"/> 2717 <input type="checkbox"/> 2701	<input type="checkbox"/> 92116 <input type="checkbox"/> 92128	<input type="checkbox"/> 92117 <input type="checkbox"/> 92129	<input type="checkbox"/> 282 <input type="checkbox"/> 276
<b>GP MENTAL HEALTH CARE PLAN REVIEW</b> <input type="checkbox"/> 2712 <input type="checkbox"/> 92114 <input type="checkbox"/> 92126			
Patient Fee for Service & Medicare Rebate per session (Infocus accepts cash, debit or credit card)			
<b>Select appropriate for patient:</b>	<b>Upfront Fee</b>	<b>Medicare Rebate</b>	<b>Late Cancellation (&lt;24hrs) or DNA</b>
<input type="checkbox"/> <b>General Psychologist</b>	\$190	\$89.65	<b>1<sup>st</sup> Infraction \$80; Full fee thereafter</b>
<input type="checkbox"/> <b>Clinical Psychologist Registrar</b>	\$190	\$89.65	<b>1<sup>st</sup> Infraction \$80; Full fee thereafter</b>
<input type="checkbox"/> <b>Clinical Psychologist</b>	\$232	\$131.65	<b>1<sup>st</sup> Infraction \$80; Full fee thereafter</b>
<b>Fees can be reduced if required.</b>			
<b>Please circle-APPROVED SESSION NUMBER 6-4-10(additional)</b>			
<input type="checkbox"/> I consent to receive services through the Infocus® Counselling Service. <b>Patient Signature:</b>		<b>GP Name:</b>  <b>Practice:</b> <b>Phone:</b> <b>Fax:</b>	

**FAX REFERRAL & MENTAL HEALTH CARE PLAN TO 9458-0555**

Reviewed 21/09/2022



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