Infocus Mental Health Referral Form w/out MHTP
Full Fee & Private Health patients

FAX REFERRAL TO 9458-0555

QF-24-MH v4

FORM

Patient Details					
Referral Date		**DOB**		**Mobile**	
Name					
Address			**Email**		
Country of Birth					
Gender	❑ Male ❑ Female ❑ LGBTIQA+				
Ethnicity	❑ Aboriginal ❑ Torres Strait Islander ❑ CaLD ❑ Other				
Language spoken	❑ English ❑ Other (Currently Infocus Counselling is unable to provide services to **non-English** speaking patients)				

Reason for Referral (please provide detail)

Current Psychotropic Medications

❑ Mood Stabilizers ❑ Anti-psychotic/Tranquilisers ❑ Antidepressants ❑ Benzodiazepines & Anxiolytics

Outcome Tool Used

❑ DASS 42 ❑ DASS 21 ❑ K10 Score:

Patient Payment Method (InFocus accepts cash, debit or credit card)

❑	Full Fee	General Psychologist	$190 per session
❑	Full Fee	Clinical Psychologist	$232 per session
❑	Private Health	Name of private health fund:	

Patient Consent	**GP/Referrer Details (COMPLETE OR STAMP)**
❑ I consent to receive services through the InFocus Counselling Program. **Patient Signature:**	**Name:** **Practice:** **Phone:** **Fax:**