

Patient Details			
Referral Date		DOB	
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).
MANDATORY: Has the patient's MHCP been billed? <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
GP MENTAL HEALTH CARE PLAN REVIEW <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)			
Select appropriate for patient:	Upfront Fee	Medicare Rebate	Late Cancellation (<24hrs) or DNA
General Psychologist	\$193.55	\$92.90	1 st Infraction \$80; Full fee thereafter
Clinical Psychologist	\$237.00	\$136.35	1 st Infraction \$80; Full fee thereafter
Fees may be reduced in certain circumstances			
Please select APPROVED SESSION NUMBER 6 <input type="checkbox"/> : 4 <input type="checkbox"/>			
I consent to receive services through the Infocus® Counselling Service. Patient Signature:		GP Name: Practice Name & Address: Phone: Fax:	

FAX REFERRAL & MENTAL HEALTH CARE PLAN TO 9458-0555