

GP to Psychiatrist Referral Form

MBS ITEM NUMBER 291

Referring GP

Name:

Practice address:

Provider Number: Telephone: Fax:

Patient

Male Female

Name:

Address:

Telephone: Interpreter Required: (language)

Purpose: referral is for: *Opinion and Management Plan: (GP willing to continue managing the patient)*

Specific question includes:

Main presenting problems

Past psychiatric history and previous psychiatric treatment

1. *Previous Medication.*

2. *Previous Psychotherapy and counselling.*

Past medical history

Current medication