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GP - Referral Letter

Patient Name:
Date of Birth:
Address:
Phone:

Date of Referral:

To:
Zahra Kais (1877432H) – Accredited Mental Health Social Worker
ASK Counselling (Telehealth)

Dear Zahra,
I am referring my patient under a Mental Health Treatment Plan for psychological services.

Diagnosis / Presenting Problems:

Number of Sessions Requested: Up to 6 sessions (initial referral)

Additional Notes:

Kind regards,

Dr
Provider Number:
Practice Name:
Address:
Phone:
Fax:

ASK Counselling Services:

Mental Health Occupational Therapy
Specialist Support Coordination L2 & L3
Mental Health Social Work
Counselling & Coaching
Psychotherapy & EMDR
Specialist Behaviour Support
Clinical Dietician & Feeding Therapy