

Clinical, Consulting & Health Psychology Services

Please fax: 1300 611 129 or scan: info@headwayhealth.com.au

Patient

Name: _____

DOB: _____

Ph: _____

Mob: _____

Suburb: _____

Main Concerns

Emotional concern: _____

Health concern: _____

- Dealing with treatment/decision making
- Emotional changes/post treatment adjustment
- Relationships/intimacy
- Access to in-home care/nanny/ practical services
- Familial cancer or genetic concerns
- Other _____

Patient to provide permission:

I provide permission for my referrer to communicate about me in writing/verbally with HeadwayHealth regarding information that may benefit my care.

Signed: _____

Dated: _____

Preferred Contact

Client will contact HeadwayHealth

Please call client

Referral Urgency

Non-urgent follow-up

I have advised the patient that HeadwayHealth is not a crisis service and in an emergency they should call 000 or attend their local hospital. Crisis support for people living in Northern Sydney can be accessed via the Mental Health Access Line (Ph: 1800 011 511), Beyond Blue (Ph: 1300 224 636) or Lifeline (Ph: 13 11 14).

Priority follow-up required

Referrer Name: _____

Position: _____

Preferred contact details: _____

Signed: _____

Dated: _____

Please confirm receipt and advise of care plan

Please contact me for further information