

Fax: 1300 611 129 Scan: info@headwayhealth.com.au

Clinical & Consulting Psychology ▪ Provisional Psychology Services
▪ Accredited Counselling ▪ Dietetic Services

Patient

Patient Name: _____

DOB: _____

Mobile: _____

Email: _____

Suburb: _____

Main Concerns

- Dealing with treatment/decision making
- Emotional changes/post treatment adjustment
- Relationships/intimacy
- Low mood/stress/worry
- 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: _____

If patients wish to access Psychology services under Medicare, a Referral Letter and a Mental Health Care Plan from their GP is required.

Preferred Contact

- Patient will contact HeadwayHealth
- Please call patient

Referral Urgency

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 can be accessed via the Mental Health Access Line (1800 011 511), Beyond Blue (1300 224 636) or Lifeline (13 11 14).

- Priority follow-up required
- Non-urgent follow-up

Referrer details

Name: _____

Position: _____

Company: _____

Phone: _____

Email: _____

Dated: _____

- Please confirm receipt and advise of care plan
- Please contact me for further information

Frenchs Forest ▪ Genesis Care St Leonards ▪ Mater Centre for Wellbeing North Sydney ▪ SAH Wahroonga

 (02) 9453 3027  1300 611 129  info@headwayhealth.com.au  www.headwayhealth.com.au  

Correspondence Suite 16/14 Frenchs Forest Rd East, Frenchs Forest, NSW 2086