



New England Division of General Practice

Focussed Psychological Strategies Referral Form Glen Innes

This service is **FREE** for patients referred by their GP, and should include a GP Mental Health Care Plan – faxed to the Division before commencement of the first 6 sessions. A 2nd referral is to be sought from your GP& faxed to the Division before commencement of the next 6 sessions.

CLIENT DETAILS

Name _____ DOB _____ M / F

Address _____ Postcode _____

Phone(h) _____ (w) _____ (mob) _____

Parent / Guardian Names (if client is under 18 years of age) _____

Pension/Health Care Card Yes / No Aboriginal/Torres Strait Islander Yes / No

REFERRING GP _____ Date __/__/__

Address _____ Postcode _____

Phone _____

ICD-10 PRIMARY CARE DIAGNOSIS CATEGORIES

F1 Alcohol & Drug use disorders

F2 Psychotic disorders

F3 Depression

F4 Anxiety Disorders

F5 Unexplained somatic disorders

Perinatal Depression

Other _____

Unknown

SERVICE REQUIRED

FPS – initial six sessions

Additional six sessions- *initial 6 sessions was with* _____ (psychologist)

Type of FPS

Diagnosis assessment

Psycho-education

CBT

Interpersonal Therapy

Other _____

Has the client ever accessed services through the Better Outcomes in Mental Health Care Program previously? Yes / No Year _____ Psychologist _____

CURRENT MEDICATIONS

Benzodiazepines & anxiolytics

Phenothiazines & major tranquillisers (risperidone, olanzapine, chlorpromazine, haloperidol, clozapine)

Antidepressants (SSRIs, SNRIs, TCAs)

Mood stabilizers (lithium carbonate, sodium valproate, carbamazepine)

ANY QUERIES – CONTACT

New England Division of General Practice

PHONE: 02 6771 1146

PLEASE FAX REFERRAL TO THE NEW ENGLAND DIVISION OF GENERAL PRACTICE FAX 02 6771 1170