



Dr Andrea Boros-Lavack

GP to Psychiatrist Referral Form

Fill out this form, save it and email it to office@mi-mindtrust.com.au
OR print out the form, fill it out and post it to: Mi-Mind Centre, 224 James Street, Toowoomba, QLD 4350

Outpatient Consultation

Inpatient Hospital Admission – (The Toowoomba Clinic)

Patient's Name: _____ Date of Birth: _____

Address: _____

Telephone: _____ Mobile: _____

Private Health Insurance: Yes Health Fund: _____ No. _____

No

Medicare No.: _____ Ref No.: _____ Expiry: _____

DVA: _____ Gold White

Clinical Notes: (e.g. Purpose of Referral - ? Opinion/Management; Main Presenting Problem:

Background History if any, Current Medication)

Referring GP:	Provider No.:
Practice Address:	
Telephone:	Fax:
Referral Date:	