



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

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)

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<b>Referring GP:</b>	<b>Provider No.:</b>
<b>Practice Address:</b>	
<b>Telephone:</b>	<b>Fax:</b>
<b>Referral Date:</b>	