



**Sophie Burren**

**Clinical Psychologist**

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## Sophie Burren Psychology - GP Referral Form

All fields in this referral form are required to be completed for the referral to be valid under the current MBS requirements.

Referrer Details:

Date of Referral: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Full Name:</b>		<b>Provider Number:</b>
<b>Practice Name:</b>	<b>Phone:</b>	<b>Practice Address (Stamp welcome):</b>
<b>Fax:</b>	<b>Email:</b>	
Please note: 1. This practice does not accept Eating Disorder Plan referrals. 2. This practice does not accept referrals for patients aged under 18. 3. This practice does not offer bulk billing, gap fees do apply.		
<b>Signature:</b>		

Client Details:

<b>Patient Name:</b>	<b>D.O.B:</b>	<b>Gender Identity:</b>
<b>Patient Address:</b>	<b>Phone:</b>	<b>Emergency Contact:</b>
<b>Email:</b>	<b>Medicare Card Number:</b>	<b>Expiry:</b>
<b>Primary Referring Diagnosis / Symptoms / Reason for Referral:</b>		<b>Risk of Self Harm:</b>

Referral details:

<b>Patient is being referred under the Medicare Better Access Scheme for (please tick):</b>
<input type="checkbox"/> <b>Initial Referral (6 Sessions)</b>
<input type="checkbox"/> <b>Re-referral (6 Sessions)</b>
<input type="checkbox"/> <b>Please tick to confirm that the patient's Mental Health Treatment Plan has been completed</b>
<input type="checkbox"/> <b>#____ Sessions already used under the MBS with another Psychologist this calendar year (please tick, if applies)</b>



Please scan and fax all completed referrals to (08) 6154 6438 or email to [admin@sophieburrenpsychology.com](mailto:admin@sophieburrenpsychology.com). A digital copy of this referral form is available online at [www.sophieburrenpsychology.com.au](http://www.sophieburrenpsychology.com.au), or alternatively referral letters including the above information are also accepted by this practice.