

Date: \_\_\_\_\_\_\_\_\_\_\_\_

**REFERRAL TEMPLATE TO INLIGHT PSYCHOLOGY FOR REFERRING DOCTOR**

**REFERRING GP:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(GP Name)

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**REFERRING TO:**

Psychologist/Inlight Psychology

Suite 506, Level 5, 9-13 Bronte Road BONDI JUNCTION NSW 2022

Dear Psychologist/Inlight Psychology,

**RE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Patient full name) DOB: \_\_\_/\_\_\_/\_\_\_\_\_\_\_\_**

I am referring \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Patient name) for continued psychological treatment at Inlight Psychology on the (please tick one below):

Mental Health Treatment Plan (MHTP)

OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

They are seeking psychological treatment for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (diagnosis)

I believe they would benefit from further therapy sessions with yourself. I am referring them for (please tick one below):

6 sessions (first referral usually recommends this number)

4 sessions (2nd referral, after initial 6 sessions used)

OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Extra Notes:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Kind regards, (please include signature below)

Dr \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_