

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

_____ (GP Name)
_____ (Address)

REFERRING TO:

Psychologist/Inlight Psychology
Suite 506, Level 5, 9-13 Bronte Road BONDJUNCTION 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 (Sessions 1-10 in the calendar year)
 The COVID Extension of the Mental Health Treatment Plan (Sessions 10-20 in the calendar year)
 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)
 10 sessions (3rd referral, under the COVID extension. To be requested after the MHTP initial 10 sessions are exhausted).
 OTHER: _____

Extra Notes:

Kind regards, (please include signature below)

Dr _____

Provider number: _____

Date _____

Ph: (02) 8320 0566

Email: contact@inlightpsychology.com.au

Website: www.inlightpsychology.com.au

Address: Suite 506, Level 5, 9-13 Bronte Road, Bondi Junction NSW 2022