

Date: _____

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 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:

Kind regards, (please include signature below)

Dr _____

Provider number: _____