

GP to Psychologist Referral Form

Referral to consultant Psychologist at M1 Psychology:

Please book my client in with: _____
List a name or particular skills needed for your treatment purposes. (e.g. Child counselling, cognitive assessment, etc.)

Fees: If your client requires hardship rates please let us know: (Please circle)

1. Free Check-up:

If you select free check-up
Then we work out the fees
with the client and offer them
a free consultation with a senior
therapist.

2. Bulk Billing:

If you select bulk billing then this
limits the options, and they will be
booked with the next available
Psychologist.

* Please note that more experienced
psychologists will usually not bulkbill.

3. Hardship Rates:

Most experienced
psychologists can provide
hardship rates.

Is it urgent the client see a psychologist? (Please circle which one applies)

1. Within 48 Hours

(Crisis support needed)

2. Next 7 Days

3. Next Week Or Two

4. Not Urgent

Referring GP:

GP name:

Provider number:

Practice name:

Phone number:

Fax number:

Email (optional):

Patient Information:

Patient's name:

Contact number:

D.O.B:

Primary reason for referral:

Many thanks,
M1 Psychology