



PBP CONSULTANCY

Committed to the provision of confidential professional counselling

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REFERRAL FORM

FOR GENERAL PRACTITIONERS & COMMUNITY AGENCIES

1. Company:

2. Contact Person & Number:

3. Reason for Referral:

4. Goals of Therapy:

- I
- II
- III
- IV

5. Relevant Medical/Psychiatric History:

6. Urgency of Referral: None / Semi-Urgent / Urgent

7. Suicide Risk None / Mild / Moderate / High

8. Risk to Others: None / Mild / Moderate / High

9. Interpreter Required?: No / Yes ... Language: _____

10. PLEASE GET PATIENT TO COMPLETE THE HOSPITAL ANXIETY AND DEPRESSION SCALE (HADS) AND ENCLOSE WITH REFERRAL.

Thank you.