Mindful Solutions

Consultant Psychologists Ground Floor 10 Railway Pde Burwood PO Box 254 Enmore NSW 2042
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Referral

Client's Details

Name: _____ Date of Birth: ____/____/____
Phone/Mobile _____/_____ Date of Injury: ____/____/____
Address: _____
_____ Nature of Injury: _____
Occupation: _____ _____

Interpreter required: Yes/No Language: _____

Employer Details

Employer: _____ Contact Name: _____
Address: _____ Phone: _____
_____ Fax No:_____

Insurer Details (where applicable)

Insurer: _____ Contact Name: _____
Postal Address: _____ Ph: _____
_____ Fax: _____
Claim No: _____ E-mail address: _____
Insurer Approval for service attached ☐ Yes ☐ No (required when referral source is not insurer)

Treating Doctor's Details (where applicable)

Doctor: _____ Phone: _____
Postal Address: _____ Fax No:_____
_____

Reason for Referral

☐ Psychological Assessment & Report for counselling treatment
Please specify:
❍ Adjustment to Disability
❍ Trauma
❍ Pain Management Counselling
❍ Depression/Anxiety
❍ Other: _____

❍ Section 40/Employment Capacity Assessment
❍ EAP
❍ Mediation
❍ Other Service: _____

Attachments & Comments:

It is beneficial to attach medical and/or functional information on restrictions/tolerances for Employment Capacity referrals e.g. excerpt from Functional Ax, independent medical report or medical certificate.

Attached: ☐ Latest Progress Report ☐ Initial Ax Report ☐ Latest Medical Cert.
☐ Other _____

_____
_____
_____

Referred By: _____ Date: ____/_____/_____
Contact Ph. No. _____ E-mail address: _____

Psychologists:

Therese Hatfield P (02) 9590 3694 M 0414 727 513 Reg No. PS0059021
T.J. Hatfield Consultancy Pty Ltd ABN 16 093 040 487 Trading as **Mindful Solutions**

Angela Vrankic P (02) 9763 7710 M 0410 637 704 Reg No. PS0057723
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APS Psychologists