



**ALLIED LEARNING SYSTEMS  
PSYCHOLOGY  
SERVICE**

**PSYCHOLOGY REFERRAL**

**Peter C. Stroud**

**Tel: 8373 0333  
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1. Your G.P. may elect to refer you to see a Psychologist to assist with your treatment.
2. Your G.P. will complete a referral process with you which may involve the completion of a health care plan.
3. Your G.P. will forward this health care plan to a referral source ie., Medicare, Division of General Practice, V.V.C.S., etc.
4. Your G.P. will complete a referral form for the Riverland Regional Psychology Service.
5. Please telephone for an appointment with this service using the number at the top of the referral plan.

**PLEASE TELEPHONE FOR YOUR APPOINTMENT**

Patient Identification: (Medicare No) \_\_\_\_\_

Referrer Identification: (Name of Practice) \_\_\_\_\_

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

G.P.: \_\_\_\_\_ Provider No: \_\_\_\_\_

Diagnosis / Presenting Problem: \_\_\_\_\_

Referral Request: \_\_\_\_\_

Referral Source (Please tick):

- |                                    |                                  |
|------------------------------------|----------------------------------|
| <input type="checkbox"/> Medicare  | <input type="checkbox"/> Private |
| <input type="checkbox"/> BOIMH     | <input type="checkbox"/> V.V.C.S |
| <input type="checkbox"/> Workcover | <input type="checkbox"/> Other   |

Is patient aware of referral? Yes  No

Is patient aware of costs/payments? Yes  No

Signed: \_\_\_\_\_ Referral Date: \_\_\_\_\_



**APS Psychologists: 'Good Thinking'**

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