**Text

Description automatically generated**

**External Organisation Referral Form for Psychological Therapy Services**

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| --- | --- |
| **Client Details:** | |
| **Client’s name:** |  |
| **Client DOB:** |  |
| **Clients phone number:** (if client is under 18 - please complete the guardians’ details instead) |  |
| **Client’s email:** (if client is under 18 - please complete the guardians’ details instead) |  |
| **Client’s Address:** |  |
| **Guardian Name:**  **Email:**  **Phone No:** |  |
| **Referring agency Details:** | |
| **Organisation name:** |  |
| **Organisation location:** |  |
| **Name of the practitioner:** |  |
| **Practitioner’s email:** |  |
| **Practitioner’s phone number:** |  |
| **Session Details:** | |
| **How many sessions are approved?** |  |
|  |  |
| **The fee per session is AUD 160 without Medicare rebate eligibility. From 1st July 2024, there will be an increase in the fee to AUD 180 per session.**  **Cancellation Policy: 48 hours’ notice is required for cancellation or amendments to an appointment. Less than 48 hours of cancellations incur a full session fee.** | |