

Clinical Psychology Solutions PTY. LTD.

- RENAE TAYLOR - Clinical Psychologist
- SANDRA PERTOT - Clinical Psychologist
- FRAN FAGAN - Clinical Psychologist
- LARISSA COLLINS - Intern Clinical Psychologist
- DELMA GORDON - Registered Psychologist and Clinical Hypnotherapist
- MARTINA ZANGGER – Social Worker, Couple and Family Therapist
- MARGOT KLEIN – Registered Psychologist
- KATE BLENKIN - Registered Psychologist
- MEL KUHN - Clinical Psychologist

Please note - If a preferred psychologist is not specified at the time of referral the most appropriate psychologist, considering the Person's difficulties and also waiting list time, will be allocated. Thank you.

Type of Referral Workers Comp/Insurance Private BATMHC (2710 or 2702)

CLIENT INFORMATION

Patient Name: _____

Date of Birth: _____

Address: _____

Telephone: Home: _____

Work: _____

Mobile: Preferred method of first contact. Is a message ok? _____

URGENT: YES/NO

HEALTH CARE CARD: YES/NO

Reason for Referral:

- Anxiety/ Stress
- Depression
- Relationship issues
- Trauma / Critical Incident
- Other (please specify below)
- Family Counselling
- Chronic Pain/ Pain Management
- Couple Counselling
- Sleep Problems

Additional Information:

Instructions for Psychologist:

- Please contact patient discretely (preferred method).
- Patient will contact for appointment – ph: 6552 4180.
- Please forward a brief report following assessment.
- Please forward a report to me following close of counselling only.

Doctor: _____

Date of referral: _____

Phone: _____



**When complete please
FAX to: 6552 4521**