

Ramsay Clinic Caloundra

GP/Psychiatrist Referral



Intake Coordinator is available between 8am to 4.30pm Monday-Friday

Ph: 07 5492 0277

Fax: 07 5491 9107

The Intake Coordinator will receive all referrals and liaise with the patient and the Psychiatrist.

The Intake Coordinator will liaise with the patient regarding admission when an appropriate bed/program start dates are available.

The Intake Coordinator can send out any information/promotional material as requested.

Ramsay Clinic Caloundra is unable to admit patients who are currently under the Mental Health Act.

Ramsay Clinic Caloundra

96 Beerburrum Street

Caloundra QLD 4551

People caring for people

ramsay**mentalhealth**.com.au



**Ramsay
Mental Health**



GP / Psychiatrist Referral Form

To be completed by Doctor

(Affix patient identification label here)

1. Patient's Details

Title: _____ Surname: _____ Given Name: _____

Address: _____

Suburb: _____ Post Code: _____ DOB: _____

Home Phone: _____ Mobile: _____

Medicare No: _____ Ref: _____ Exp: _____

Health Insurance Provider: _____ Policy No: _____

Does this patient see a psychiatrist in the community? If so Name of Psychiatrist: _____

2. Clinical Details / Reason for Referral

Outpatient Appointment

Inpatient Admission: Psychiatric Alcohol & Drug

Admission Urgency: Crisis Urgent Elective

Day Patient Programs: Drug & Alcohol Relapse Prevention Depression / Anxiety (CBT)

Provisional Diagnosis: _____

Presenting Symptoms: _____

Physical Health Diagnosis: _____

Other Conditions / Special Needs: _____

Alcohol & Substance Use: _____

If applicable please attach medication list & recent pathology

3. Referring Doctor Details – or stamp

Name: _____ Provider No: _____

Address: _____ Phone: _____

Signature: _____ Date: _____

BINDING MARGIN - DO NOT WRITE

GP / PSYCHIATRIST REFERRAL FORM