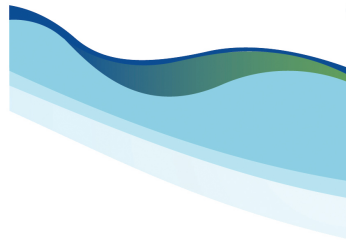


# Three Waters Psychology Clinic

Clinical, Counselling & Neuropsychology



## General Referral Form

Send To: Three Waters Psychology Clinic

Attention:  James Paisley  Jamie Stanton  Helen Shield

Phone: (08) 6248 5946

Email: reception@threewaterspsychology.com.au

From:	
Phone Number:	
Office Location:	
Date:	12 December 2018
Total pages:	3

Urgent  Reply ASAP  Please Comment  Please Review  For Your Information

### Referring Doctor's Details

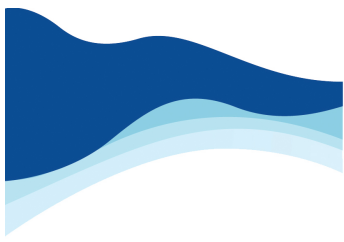
Doctor Name:		
Provider Number:		
Practice Name:		
Practice Address:		
Preferred Contact Method:	<input type="checkbox"/> Email Address:	<input type="checkbox"/> Phone Number:

### Patient Details

Patient Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Patient Defined
Address:		
Mobile Number:		Home Number:
Email Address:		Date of Birth:

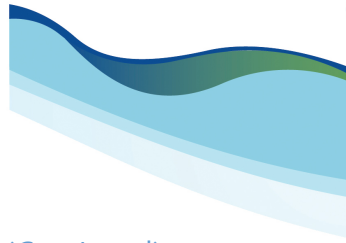
### GP Mental Health Care Plan

Presenting Problem/Diagnosis:
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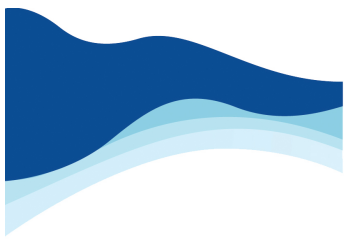
# Three Waters Psychology Clinic

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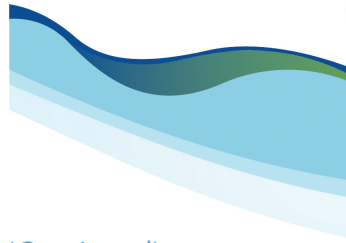
## GP Mental Health Care Plan (Continued)

<b>Relevant Medical History</b>	
Has the person ever received specialist mental healthcare? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Mental Health Professionals involved in Patient Care:	
Other relevant information/medical history/medication:	
<b>Family History</b>	
<b>Personal History</b>	
<b>Mini Mental Status Examination</b>	
Appearance and General Behaviour	<input type="checkbox"/> Normal <input type="checkbox"/> Other
Mood	<input type="checkbox"/> Normal <input type="checkbox"/> Depressed
Thinking (content, rate, disturbances)	<input type="checkbox"/> Normal <input type="checkbox"/> Other
Delusions (grandeur, paranoia)	<input type="checkbox"/> Present <input type="checkbox"/> Absent
Perception (hallucinations)	<input type="checkbox"/> Normal <input type="checkbox"/> Other
Sleep (insomnia, early wakening)	<input type="checkbox"/> Normal <input type="checkbox"/> Other



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## GP Mental Health Care Plan (Continued)

Cognition	<input type="checkbox"/> Normal <input type="checkbox"/> Other
Appetite	<input type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased
Attention/Concentration	<input type="checkbox"/> Normal <input type="checkbox"/> Other
Motivation/Energy	<input type="checkbox"/> Normal <input type="checkbox"/> Other
Memory (short term)	<input type="checkbox"/> Normal <input type="checkbox"/> Other
Memory (long term)	<input type="checkbox"/> Normal <input type="checkbox"/> Other
Ability to make rational decisions	<input type="checkbox"/> Normal <input type="checkbox"/> Other
Insight	<input type="checkbox"/> Normal <input type="checkbox"/> Other
Anxiety	<input type="checkbox"/> Normal <input type="checkbox"/> Other
Orientation (time/place/person)	<input type="checkbox"/> Normal <input type="checkbox"/> Other
Speech (volume/rate/content)	<input type="checkbox"/> Normal <input type="checkbox"/> Other

### Mini Mental Status Examination

Suicide Ideation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Suicidal Intent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Risk to Others	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current Plan in Place	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Additional Information