

Black Dog Institute Clinical Services  
Hospital Road, Randwick NSW 2031  
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www.blackdoginstitute.org.au



**REFERRAL TO BLACK DOG INSTITUTE PSYCHOLOGY SERVICES**

**Date:**    /    /

Providing assessment and development of treatment plans for adults with a mental illness including depression, anxiety, emotion dysregulation, bipolar disorder, stress reactions, grief and bereavement. Exclusions apply – high risk crisis care, dementia, delirium, drug and alcohol abuse, intellectual disability, eating disorders.

**Referring doctors please note that the Black Dog Institute will not provide crisis management at the point of referral. Clinical responsibility lies with the referrer until a clinical service commences.**

**PATIENT CONTACT DETAILS:**

First and Last Name:

Date Of Birth:

Home address:

Does your patient identify as:

Aboriginal

Torres Strait Islander

Neither

Reason for referral:

How many sessions do you anticipate this client will require:

Will access need to be via telehealth, e.g. rural/remote:

**Attach a copy of the Mental Health Care Plan with this referral and fax to 02 9382 8510**

**REFERRING DOCTOR DETAILS:**

Name:

Provider number:

Practice address:

Telephone Number:

Facsimile Number:

Doctor's signature:

**Before submitting please ensure:**

Client has consented to the referral and has agreed for us to contact them for an appointment.

The referral form above has been completed in its entirety.

The Mental health care plan is attached.