

# Referral for Psychological Therapy

Dear Doctor,

Your patient would like a referral to **One Door Health Care** for psychological therapy.

**Please complete and sign** the referral details below.

Patient Name:

Date of Birth:

**Has a Medicare Better Access - Mental Health Care Plan been raised for this patient:**

YES  NO

**Preferred psychological therapy provider:**

Psychologist

Mental Health Social Worker

**Number of sessions requested for this course of treatment:**

Six  Four



Mental Health

P: 9199 6143

F: 9167 9023

E: [healthcare@onedoor.org.au](mailto:healthcare@onedoor.org.au)

Completing this form helps us adhere to Medicare's referral requirements.

Once this document has been completed and returned, we can begin therapy.

**Referral reasons/symptoms:**

Doctor's name:

Provider Number:

Clinic Name:

Clinic Location:

Doctor's signature:

Date of referral:

Where appropriate, and with the patient's permission, you may also send us a copy of the Mental Health Care Plan.

## One Door Mental Health

Locked Bag 5014, Gladesville NSW 1675

1800 THE KEY (843 539)

Patron: His Excellency General The Honourable  
David Hurley AC DSC (Ret'd), Governor of New South Wales

[onedoor.org.au](http://onedoor.org.au)

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