COASTAL PSYCHOLOGY & THERAPY

Referral Form

Helping You Access Mental Health Support

Practice Details

- Practice Location: Shop 8/1 Santa Maria Court, Burleigh Waters 4220 (Inside Eastbrooke Medical Centre, next to Head, Neck & Spine Physio)
- Phone: 0404 973 343
- Email: admin@coastaltherapy.com.au

Client Details

- Full Name: _____
- Date of Birth: _____
- Gender: _____
- Address: _____
- Phone: _____
- Email: _____
- Medicare Number: _____
- Ref No: ___
- Exp Date: ___/___

Referrer Details

- Referring Practitioner: _____
- Provider Number: _____
- Practice: _____
- Phone: _____
- Fax: _____
- Address: _____
- Signature: _____
- Date: ___ / ___ / ___

COASTAL PSYCHOLOGY
& THERAPY

Funding Type (please tick one)

- ☐ Medicare – Mental Health Treatment Plan (Better Access)
- ☐ Medicare – Chronic Disease Management (CDM)
- ☐ DVA – White Card ☐ / Gold Card ☐ | DVA File No: _____
- ☐ NDIS – Plan Managed ☐ | Agency Managed ☐ | Self-Managed ☐
- ☐ WorkCover / Workers Compensation | Claim No: _____
- ☐ Private / Self-Funded ☐ | Private Health Insurance ☐

Reason for Referral

- ☐ Anxiety / Depression
- ☐ PTSD / Trauma
- ☐ Behavioural / Emotional Regulation
- ☐ Grief and Loss
- ☐ Relationship / Attachment
- ☐ Parenting Support
- ☐ Cultural Identity and Belonging
- ☐ Other (please specify): _____

Additional Information (if relevant)

- Relevant diagnoses, reports, case history, or cultural considerations:
- _____
- _____
- ☐ Reports / Assessments attached