A teaching hospital of UNSW SYDNEY

Gordon PRIVATE HOSPITAL
LEADING THE WAY IN MENTAL HEALTH

# Patient Referral Form

Referral for Mr/Mrs/Ms/Dr: _____

Phone Number: _____

Date of Birth: _____

## Reason for referral

- ☐ Mood / Anxiety
- ☐ Post-traumatic Stress Disorder
- ☐ Obsessive Compulsive Disorder
- ☐ Poor Impulse Control, Self-harming Behaviour
- ☐ Substance Abuse
- ☐ Psychosis, Schizophrenia
- ☐ Postnatal Disorders (individual case discussion required)
- ☐ Young Adults (16 - 24)
- ☐ Medication review: stabilisation or adjustment
- ☐ Other: _____

## Comments

_____

_____

_____

_____

_____

Referring Doctor: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____ Provider Number: _____

Doctor's Signature: _____ Date: _____