



One to One Counselling And Education

Sydney Essential Health
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Referral Form

Send this form by **Email:** reception@onetoone-counselling.com.au or **Fax:** +61 2 9389 7552

1. Date of Referral:

2. Referring Doctor:

3. Referral To:

- One to One Counselling
- Specific psychologist →

(www.onetoone-counselling.com.au/meettheteam for staff profiles)

4. Patient Details:

Patient name: _____

DOB: _____

Mb: _____

Ph: _____

Email: _____

5. Referral Details:

1. Attach Mental Health Care Plan / Mental Health Care Plan

or

2. Indicate areas of concern:

- | | |
|--|---|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Pain |
| <input type="checkbox"/> Anxiety & Stress | <input type="checkbox"/> Grief & Loss |
| <input type="checkbox"/> Sexual Issues | <input type="checkbox"/> Low Self Esteem |
| <input type="checkbox"/> Relationship / Marital Problems | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Adjustment Issues | <input type="checkbox"/> Psychotic Illness |
| <input type="checkbox"/> Child / Family Therapy | <input type="checkbox"/> Other (Please specify) |

Other relevant information (medication / treatment / social history)