



Referral Letter for Consultant Psychiatrist - Dr Daniel Yint

Please Fax the referral to 08 9456 3817. Patient will be contacted for the appointment.

Dr Daniel Yint

Consultant Psychiatrist

MBBS, FRANZCP, MRCPsych (UK)

Adult Psychiatrist with special interest in

- Bipolar Disorders
- Treatment Resistant Depression
- Psychotic Disorders
- Generalised Anxiety Disorders and OCD
- Post Traumatic stress disorder
- Multicultural psychiatry

Brief information required from GPs in the referral:

Patient Demographics		
Name:		
DOB:	Age:	Sex: Male / Female
Address:		
Phone:		
Any social support: Yes / No		
Employment status: Full-time / Part-time / Casual / Unemployed		
Date of referral:		
Type of referral: <input type="checkbox"/> For assessment and to formulate a management plan for GP <input type="checkbox"/> For ongoing care including an initial assessment		
Reason for the referral:		
Brief past psychiatric history:		
Is the referral discussed with the patient? Yes / No		
Does the patient agreed for the referral? Yes / No		
Any current risk issue? Yes / No (Please identify if Yes)		
Any significant use of illicit Drugs/Alcohol? Yes / No (Please identify if Yes)		
Relevant Medical History/Co-morbidities:		
Current medication list:		
Allergies:		
Referrer's Signature:		Referrer' Details/Official Stamp:
Provider number:		