

Jacinta Grima

Clinical Psychologist MACPA MAPS FCCLP

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CONFIRMATION OF REFERRAL

Mental Health Treatment Plan (MHTP) or Better Access To Mental Health Care

PLEASE NOTE: Recent changes to Medicare rules require that the referring doctor specify the number of psychology sessions on the referral. Please could you therefore ensure that the referral letter states the number of referred sessions (maximum of 6 sessions per standard Better Access initial referral).

Dear Referrer,

This fax is to confirm that you have referred the following patient for psychological assessment and treatment with Jacinta Grima (Clinical Psychologist) under the Mental Health Treatment Plan (MHTP) or Better Access to mental health care scheme. Please tick the appropriate box and fax as shown below.

Please be aware that a patient can see me without a MHTP/Better Access referral but may not be able to obtain a rebate without a valid referral letter and confirmation of the MHTP/Better Access scheme being completed.
Jacinta Grima (Clinical Psychologist, Provider Number: 5050162B)

Patient Name:	
DOB:	
Address:	
Phone Number:	

GP: I am writing to refer the above client. I have completed a GP MHTP and appropriate MHTP Medicare item numbers. Yes No

I am referring for (please specify): 6 sessions under the MHTP or _____ number of sessions

Psychiatrist/Paediatrician: I am writing to refer the above client. I have completed an assessment and management plan and/or consultation and appropriate Medicare item numbers Yes No

I am referring for (please specify): 6 sessions under the MHTP or _____ number of sessions

Diagnosis:

- Anxiety or Depression (please tick as appropriate)
 Behavioural issues or suspected ADHD
 Other (Please write brief details below about the presenting problem. Please be aware if you have ticked 'other' the patient may not be able access a rebate under the MHTP/Better Access Scheme)

Client Medications: _____

Referrer Name: _____	Provider Number: _____
Practice Address: _____	
Phone Number: _____	Fax Number: _____
Signature: _____	Date: _____

Please include the Mental Health Treatment Plan and any other documentation as appropriate. Thank you.

Please send by email to enquiries@jacintagrima.com.au or fax to 02 8004 5955