

INFORMATION TO MEDICAL PRACTITIONER

Requesting school:

School address:

Student Wellbeing Contact Name:

Student Wellbeing Contact Phone No:

Date:

Dear Dr

Thank you for seeing our student,

We believe this student is in need of counselling and have suggested a referral be made to a psychologist/social worker. The student requires psychological support to address issues related to:

Depression

Anxiety

Bullying

Trauma

Anger Management

Grief and loss

Other:

Should you agree that the student named above would benefit from counselling under the Government's Better Access to Mental Health initiative, please bill Medicare using item number **2700, 2701, 2715** or **2717**. This will trigger the client's eligibility for Medicare funding for counselling sessions.

We require you the Medical Practitioner referral (overleaf) or supply us with a referral letter stating the number of counselling sessions the student requires (up to a maximum of 6) and a copy of the Mental Health Care Plan, both of which are to be given to the student or their parent/guardian. If writing a referral letter please address to:

Shine Assist Counsellor, OzChild, PO Box 1312, South Melbourne, Vic 3205

The OzChild Shine Assist psychologist/social worker is working at our school to provide bulk billed counselling services within a school setting so they are more easily accessible and less disruptive for young people at school. Please contact me if you require further information.

Yours faithfully,

Medical Practitioner Referral

(To be completed by medical practitioner unless providing referral letter)

To OzChild Counsellor,

Student Name: _____

DOB: _____

Medicare Card No.: _____

Please see the above named student for counselling under the Better Access to Mental Health Initiative. I confirm that I have completed a Mental Health Treatment Plan (Item no: 2700, 2701, 2715 or 2717) for this student.

Reason for referral to counsellor:

Number of individual counselling sessions required: _____

(if no number specified OzChild counsellor will presume 6)

Group sessions to be provided? Yes No

Medical Practitioner Name:

Provider Number:

Address:

Clinic Name:

Suburb:

Phone number:

Postcode:

Email:

Fax:

Medical practitioner signature: _____

Date: _____

OzChild Education Services

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