



## General Practitioner

General Practitioner Name: \_\_\_\_\_

GP Practice: \_\_\_\_\_

Do you give consent for us to liaise with the GP if necessary:  Yes  No

## Allied Health Service Required

Mental Health Counselling  Psychology  Art Therapy  Chronic Pain Counselling

## Reason for Referral and Other Information

Please tick if you have concerns regarding any of the following:

- |  |   |
|--|---|
| <input type="checkbox"/> Anxiety/Depression/Mood Disorder        | <input type="checkbox"/> Behaviour/Emotional Regulation/Anger |
| <input type="checkbox"/> Trauma Related/PTSD/DV                  | <input type="checkbox"/> Personal Development                 |
| <input type="checkbox"/> Grief                                   | <input type="checkbox"/> Parenting Strategies                 |
| <input type="checkbox"/> Medical Related Stresses/Changes        | <input type="checkbox"/> Avoidance/Bullying at school         |
| <input type="checkbox"/> Sexuality/Identity Difficulties         | <input type="checkbox"/> Work Related Stress                  |
| <input type="checkbox"/> Family Separation/Stressful Life Events | <input type="checkbox"/> Other Issues: _____                  |
| <input type="checkbox"/> Chronic Pain                            | _____   |
| <input type="checkbox"/> Attachment Support with Parent/Child    | _____   |

**Please describe the main reason for referral and what you hope to achieve:**

**Relevant Medical History** (e.g. full-term pregnancy, medication, current and previous diagnosis):

Other service providers involved, including previous therapy (please provide name):

**Please return this completed form, a copy of the NDIS plan and any other relevant documentation to Amity Health via one of the following methods:**

Post: PO Box 5294, ALBANY WA 6332

Fax: (08) 9842 2798

Email: [query@amityhealth.com.au](mailto:query@amityhealth.com.au)

**For more information, please visit our website [www.amityhealth.com.au](http://www.amityhealth.com.au) or contact us on 9842 2797**