



Blackbird House
 34 Oval Avenue
 Caloundra, 4551
 Provider Number: 5377676L
 Phone: 0421521518
 Fax: 07 53018105
 Email: admin@blackbirdcounselling.com.au

A Referral to Blackbird Counselling requires the following information for the referral to be valid with Medicare. **This can be in the form of a signed and dated letter containing the following information or by completing this form** and forwarding it with a copy of the Mental Health Treatment Plan.

Please note that by completing and sending this to Blackbird Counselling Pty Ltd, you are confirming that you have received the client's consent for information to be shared with Blackbird Counselling, as well as for Blackbird Counselling to make contact with the client directly to discuss our services.

Patient Name	
Patient DOB	
Patient Address	
Patient Mobile Number	
Eligible / Provisional Diagnosis	
Patients Symptoms	
Current Medications List	
The patient has	<input type="checkbox"/> GP Mental Health Treatment Plan <input type="checkbox"/> Shared Care Plan <input type="checkbox"/> Psychiatrist Assessment and Management Plan
Number of Services Required (please tick or specify if other)	<input type="checkbox"/> 6 Initial sessions under Mental Health Care Plan <input type="checkbox"/> 4 Additional sessions under Mental Health Care Plan <input type="checkbox"/> 10 sessions under COVID – available until 30 June 2022 <input type="checkbox"/> 3 Non-Directive Pregnancy Counselling <input type="checkbox"/> Other _____
GP Practice	
GP Provider Number	
GP Name and Signature	

