

Wyndham Clinic

For the attention of the Intake Service

Referrals are welcomed from either GP's or Private Psychiatrists

Dear Treating Doctor,

Date:

Thank you for considering the patient below for inpatient admission,

Patients Details	
Name:	Address and contact telephone number:
D.O.B.:	Health Insurance details:
Diagnosis:	
Brief Case Formulation:	
Current Treatment Plan:	
Medication: Please include a full list of current medications	Other treatment providers involved in this treatment plan and their contact details:



WYNDHAM CLINIC

Previous Treatments:

Addictive Behaviours:

Risk Assessment and Management:

Other:

ALERTS:

Referrer's Details

PRINTED NAME:

SIGNATURE:

DESIGNATION AND PROVIDER NUMBER:

TELEPHONE AND FAX NUMBER:

Please fax this signed letter of referral to Fax No. 03 9749 0972