

REFERRAL FORM

Connect with psychologists from anywhere - via video conferencing on smartphone or computer, or over the phone.

Please complete the following details for the referral of your Client/Child requesting services from 'Rural Health Connect' in the table provided below:

Name of Client	
Date of Birth	
Phone Number/s (Client)	
Representative Name / Phone Number	
Email for Correspondence	
Residential Address	
Secondary Contact (Name/Phone)	
For NDIS- NDIS Number	
Dates of Current NDIS Plan	TO
Plan Management Provider (e.g. NDIA)	
Email address for invoices	

Sessions to be conducted:

- Over video conferencing, via a link sent out to a phone number or computer at the time of the session, or:
- Via phone call

Notes on how the psychologist should make contact

Reason for Referral and Expected Outcomes

Medical Diagnosis / Important Medical History

Please forward any relevant Allied Health Reports/Assessments to assist with this Referral (e.g. Speech Pathologist, Physiotherapist, Psychiatrist, Positive Behaviour Support Plans, etc)

Please send this Referral Form to referrals@ruralhealthconnect.com.au

NDIS Referrals - Please attach a copy of client's current NDIS Plan with completed Referral Form

We are here to help. Please contact us with any enquiries or for assistance at **0427 692 377**

We look forward to working with you