



Myrtle Oak Clinic Referral Form - Third Party

Client Name

Date of Birth

Address:

Phone:

Email:

Emergency Contact:

Emergency Contact Mobile:

Relationship to Client:

Who shall we contact to book the initial assessment?

Name:

Phone:

Relationship to Client:

Email:

Case Manager

Case Manager Name:

Organisation and Role

Case Manager Phone:

Case Manager Email:

Main reason for referral to Dietitian or Psychologist:

Invoicing Details:

Which office/department/organisation is responsible for payment of services?:

Organisation:

Claim Number:

Approval Number (if relevant):

Invoices to be sent to email:

Initial Assessment

The initial evaluation enables the clinician to conduct a comprehensive assessment, engage in goal discussions, and establish a future plan. Following the initial assessment, a report outlining suggested interventions and associated costs will be sent to you for review. **We will not proceed with any additional services until we receive your written approval, which you can provide by signing the final page of the report.**





Initial Assessment and Report: ☐ Dietitian ☐ Psychologist

Where should the report be sent to? Email: _____

Do you require a formal quote on letterhead before proceeding with the initial appointment? Yes ☐ No ☐

Does this person have a GP referral? Yes ☐ No ☐

What is the name of the GP? _____ Practice Name? _____

If so, do they also have a care plan (Chronic Disease Management Plan, Mental Health Care Plan or Eating Disorder Plan)

Does this client have an NDIS Plan?: Yes ☐ No ☐

Any additional information to assist with proceeding with assessment and /or treatment? Any safety issues present?

***Service Fee as of July 2025 - subject to change as required:**

NOTE- these fees are provided for information purposes only. Subsequent sessions following the initial assessment will be detailed and costed in the initial report, and further services will not be provided until signed approval received.

Clinic Based Initial Assessment (includes report): Dietitian \$440 | Psychology \$460

Form Completed by:

NAME:

POSITION:

ORGANISATION:

PHONE:

EMAIL:

DATE:

admin@myrtleoakclinic.com.au | Ph: (02)43 623 443 | Fax: 02 43 622 998

Thank you for your referral. We will contact the client to schedule their initial appointment.

Our clinicians take a collaborative, holistic and personalised approach to support your clients to have more good days.

Optimum Intake focus on mind, body, and social connectedness to determine what is important to your clients which will assist in developing person-centred goals to maximise their independence and autonomy.

We look forward to supporting your clients.

