# Myrtle Oak Clinic Referral Form - Third Party

Client Name

Date of Birth

Address:

Phone:

Emergency Contact:

Emergency Contact Mobile:

## 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 Assesment

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

If so, do they 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

## Risk Assessment: *Safety Questions. Where a safety risk may be present, we may limit services to Telehealth services only.*

| | | |
|---|---|---|
| Is this person in control of heir behaviour at all times? | ☐ Yes | ☐ No |
| Does this person use recreational drugs in the home? | ☐ Yes | ☐ No |
| Does this person have a history of violence or aggression? | ☐ Yes | ☐ No |
| Will a support worker or representative be present during all visits? | ☐ Yes | ☐ No |

If you have answered yes to any of the above questions, please advise if a risk management plan is in place or add any other relevant information. We may request further details on this before proceeding.

*Service Fee as of July 2026 - 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 standard report, and further services will not be provided until signed approval received. Comprehensive clinical reports will attract additional fees.

Do you require a full clinical report? ☐ Yes ☐ No

Initial Assessment (includes standard report): Dietitian $425 | Psychology $425 | Clinical Psychologist $525

Please note: 48hrs notice is required to any cancellations, otherwise full fee is charged.

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.*