

## Referral Form for Turning Point Psychologist

Contact details: Turning Point Alcohol and Drug Centre,  
54-62 Gertrude Street, Fitzroy, Victoria 3065  
Ph: 8413 8462, Fax: 9486 9766

Referrer details	
Referral Date:	
Referring Doctor:	
Provider number:	
Contact Details:	

Client details	
Name:	
Sex:	
Date of Birth:	
Contact details	

Referral details	
Reason for referral:	
Substance(s) used and approximate frequency/quantity:	
Mental health: (Current symptoms, length of time with current symptoms, past history)	
Other relevant history:	
Current medication:	

<b>Eligibility criteria</b> (Must answer yes to all of these questions)	
Is the client likely to benefit from limited (6-12 sessions) of psychological therapy?	Y/N
Does client have stable housing?	Y/N
Is client aware of referral?	Y/N
Has appropriate Medicare item been completed or billed for?	Y/N

This form is to be completed by client's doctor and then mailed or faxed directly to Turning Point Clinical Services, 54-62 Gertrude Street, Fitzroy, Victoria 3065.

Ph: 8413 8444, Fax: 9486 9766.

Turning Point will then contact the client to make an appointment.