

MIND WORKS CLINIC

Innovative Mind Care for a Balanced You.

David Parker BPsychSc(Hons), MProfPsych

Registration Number: **PSY0002271791**



Patient Information

Name: _____

Date of Birth: _____

Phone/Mobile: _____

Address: _____

Preferred Contact

☐ The patient will contact Mind Works Clinic

☐ Please call the patient

Patient Permission to Communicate

I provide permission for my referrer to communicate about me in writing/verbally with Mind Works Clinic regarding information that may benefit my care.

Patient Signature: _____

Date: _____

Main Concerns

Emotional Concerns:

Health Concerns:

- ☐ Dealing with treatment/decision making
- ☐ Emotional changes/post-treatment adjustment
- ☐ Relationships/intimacy
- ☐ Access to in-home care/nanny/practical services
- ☐ Familial cancer or genetic concerns
- ☐ Other: _____

Referrer Information:

Referrer's Name: _____

Position: _____

Preferred Contact Details: _____

Signature: _____

Date: _____

- ☐ Please confirm receipt and advise of care plan
- ☐ Please contact me for further information

Referral Priority: ☐ Non-urgent follow-up **OR** ☐ Priority follow-up required

I have advised the patient that Mind Works Clinic is not a crisis service, and, in an emergency, they should call **000** or **attend their local hospital**.

Crisis support can be accessed via the **Mental Health Access Line (1800 011 511)**, **Beyond Blue (1300 224 636)**, or **Lifeline (13 11 14)**.

+612 6460-7000

referrals@mindworkscclinic.com.au

www.mindworkscclinic.com.au

Suite 204, 161 Walker Street North Sydney