

ANXIETY DISORDERS CLINIC

Assessment Referral and Registration



crufad.org



crufad.admin@svha.org.au



02 8382 1401



02 8382 1400

PATIENT REFERRAL FORM – *to be completed by GP*

Today's Date

Patient Name

Referred to Dr. Michael Millard, Anxiety Disorders Clinic – St. Vincent's Hospital Sydney

Referring doctor details

Name

Provider Number

Contact Phone Number

Email

Practice Address

Suburb

Postcode

State

Signature

Referral Type

Assessment only

Assessment + Psychological Treatment (where indicated)

Clinician-to-clinician consultation

Reason for Referral

Please attach relevant paperwork as necessary (e.g. discharge summary) and return this completed form to:

crufad.admin@svha.org.au (attn. Anxiety Disorders Clinic) | 02 8382 1401 | Level 4, The O'Brien Centre, 394-404 Victoria St Darlinghurst NSW 2010

Treatment History

Current Mental Health Treatment - Psychologist, Psychiatrist and other

Note - Please attach relevant reports and correspondence

Medical History and Current Medications

Please attach relevant paperwork as necessary (e.g. discharge summary) and return this completed form to:

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