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			
Patient Date of Birth		Patient Contact Number	
Patient Email			

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	Select
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