



## GP Referral Form

Client Details				
Client Name				
Client Address				
Client Date of Birth				
Client Contact Details:	Mobile Phone Number:		Email Address:	

Referral Details			
Referred to (Counsellor/Psychotherapists Name)	Thinkshift Pty Ltd Trading as Horses Healing Us - Andrew Reay	Referral Date	
Workcover Funded	Yes / No	Claim Number	
Workcover State	Victoria / New South Wales		

Relevant Clinical Notes
Please use this area to outline relevant background for us to support your client to the best of our ability.
Client Goals / Desired Outcomes
Please use this space to outline the goals that the client would like to achieve from the agency point of view.
(Please attach any relevant information to assist us to support your patient: Mental Health Treatment Plan / Mental Health Treatment Plan Review / Work Cover Documentation)

Referring GP Details			
Referring GP's Name		Provider No.	
Practice Name			
Practice Address			
Practice Contact Details:	Phone Number:		Email Address:

Thank you for the referral. Please send this referral form to: Email: [referrals@horseshealingus.com.au](mailto:referrals@horseshealingus.com.au)  
Phone Number: 0411 576 676