



Psychologists and Psychiatrists Referral Form

(Please complete and attach to Mental Health Treatment Plan / Mental Health Treatment Plan Review)

Client Details			
Client Name			
Client Address			
Client Contact Details	Mobile Phone Number:		Email Address:

Referral Details			
Referred to (Counsellor/Psychotherapists Name)	Andrew Reay	Referral Date	
Relevant Clinical Notes			

Referring Psychologist or Psychiatrist Details			
Referring Psychologist / Psychiatrist		Provider No.	
Practice Name			
Practice Address			
Practice Contact Details	Mobile / Phone Number:		Email Address:

Thank you for the referral

Please send this referral form to: Email: referrals@horseshealingus.com.au

Clinic Phone Number: 0411 576 676