

CLINICAL & CONSULTING PSYCHOLOGISTS

Send to: Fax 1300 611 129 or
info@headwayhealth.com.au



Our team of independent psychologists believe that collaboration, ongoing professional development, & the sharing of resources & experience supports the best possible care.

Patients name: _____

Mobile: _____

DOB: _____ **Suburb:** _____

Please provide support for:

- ☐ Illness / cancer / health changes
- ☐ Family / carers / children
- ☐ Low mood / fatigue / sleep / pain
- ☐ Treatment / decision-making
- ☐ Intimacy / relationships
- ☐ POTS
- ☐ Other concerns: _____

☐ Please call the patient

☐ Patient will make contact

The patient is aware this is not a crisis service & in an emergency they should call 000. Crisis support is also available through the Mental Health Access Line (ph 1800 011 511) & Lifeline (ph 13 11 14).

As a patient, I give permission for HeadwayHealth to communicate with myself & my referrer regarding information that may benefit my care.

Referrer:

Name: _____

Email: _____

Date: _____

Signed: _____

Signed: _____

Ph. (02) 9453 3027

Frenchs Forest | Centre for Wellbeing Mater North Sydney
GenesisCare St Leonards | SAH Wahroonga | Telehealth

HeadwayHealth Services Pty Ltd ABN 71617405580

