Jacinta Grima

Clinical Psychologist MACPA MAPS FCCLP

BSc (Psychology) Hons (Macquarie) M Clin Psych (Newcastle)
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Confirmation of Referral
Mental Health Treatment Plan (MHTP) or Better Access to Mental Health Care

Dear Referrer,
This fax is to confirm that you have referred the following patient for psychological assessment and treatment with Jacinta Grima (Clinical Psychologist) for up to six (6) sessions under the Mental Health Treatment Plan (MHTP) or Better Access to mental health care scheme. Please tick the appropriate box and fax as shown below. *Please be aware that a patient can see me without a MHTP/Better Access referral but may not be able to obtain a rebate without a valid referral letter and confirmation of the MHTP/Better Access scheme being completed.*

Jacinta Grima (Clinical Psychologist)
Provider Number: 5050162B

Patient Name:	
Address:	
DOB:	
Phone Number:	

GP: I am writing to refer the above client for psychological assessment and treatment with Jacinta Grima (Clinical Psychologist) for up to six (6) sessions under the MHTP. I have completed a GP MHTP and appropriate MHTP Medicare item numbers O Yes O No

Psychiatrist/Paediatrician: I am writing to refer the above client for psychological assessment and treatment with Jacinta Grima (Clinical Psychologist) for up to six (6) sessions under the Better Access to mental health care scheme. I have completed an assessment and management plan and/or consultation and appropriate Medicare item numbers O Yes O No

Please indicate presenting problem:

- o Anxiety or Depression (please circle as appropriate)
- o Other *(Please write brief details below about the presenting problem. Please be aware if you have ticked 'other' the patient may not be able access a rebate under the MHTP/Better Access Scheme*

_____
_____

Referrer (Please tick): O **GP** O **Psychiatrist** O **Paediatrician**
Name:_____ **Provider Number:**_____
Practice Name /Address: _____
Phone Number: _____ **Fax Number:** _____
Signature:_____ **Date:**_____

Please include a copy of the Mental Health Treatment Plan and/or any other documentation as appropriate. Thank you.

Please fax to Family Talks Clinic
14/30 Atchinson Street St Leonards NSW 2065
| t: (02) 9906 5319 | f: (02) 9966 9909