spectrum
Personality Disorder Service

110 Church Street
Richmond VIC 3121 Australia
T: (03) 8413 8750 **F:** (03) 8413 8498
W: www.spectrumbpd.com.au

Referral for Spectrum Specialist Assessment Clinic

This service is for doctors/psychiatrists who are requesting assessment of their patients with suspected or confirmed Personality Disorder.

Please complete this form, attach clinic referral and/or other support documentation as required, and **fax to Spectrum Intake on 8413 8498**.

REFERRER INFORMATION	**CLIENT INFORMATION**
DATE: ______ / _______ / _______	FIRST NAME:____
NAME: ____	SURNAME: ____
AGENCY:____	DOB: _____ / _____ / ______ MALE / FEMALE / _________
ADDRESS: ____	ADDRESS: ____ __________________________________ POST CODE_________
PHONE: ____	PHONE: ____
FAX: ____	MEDICARE NO: _____________________ REF: ____ Exp: ______
PROVIDER NUMBER: _______________________________	EMAIL: ____
SIGNATURE: _______________________________________	
Has the client previously been seen by this service? NO ☐ YES ☐ Year:_________	

The Spectrum medical service I am referring the patient to:

☐MBS item 291/92435/92475 – assessment for opinion or ongoing management and report. (From a GP as the primary healthcare provider)

☐MBS item 296/92437/92477 - assessment for opinion or ongoing management and report. (From a psychiatrist)

☐MBS item 293/92436/92476 – if patient has received a MBS item 291 service in the preceding 12 months

Supporting documents attached including any and all psychiatric assessments? NO☐ YES☐

Pages (incl. this coversheet):

Other notes:

easternhealth