



12 O'leary Place, Wynn Vale. SA. 5127  
 Phone: 0412 844 278  
 Fax: 08 8265 3694  
 www.robynltherapy.com  
 robyn@robynltherapy.com

Certified Gottman Therapist ♦ Accredited Mental Health Social Worker ♦ Individual & Relationships Therapist ♦ Clinical Supervisor

**Mental Health Care Plan**

under Better Access to Mental Health Care (Item #2700, 2701, 2715, or 2717)

*To comply with Medicare auditing requirements, could you please forward me a completed copy of this referral form. Thank you.*

***This column to be completed by GP***

Referring to:	Robyn Lingard Accredited Mental Health Social Worker Provider Number: 414 0635 J    Item Number: 80160, 80165
Client Name:	
Client date of birth:	/    /
GP diagnosis: (circle all those applicable)	Depression    Stress    PTSD    Anxiety    Adjustment  Other:
Number of sessions requesting:	6          10          Other:
Referring Doctor's name:	
Referring Doctor's provider number:	
Practice address:	
Other relevant information or requests:	
Signature:	
Date:	

M. Couns (Clin.), B.Soc.Wk., MAASW (Acc), PACFA Reg Clin., CCAA (Clin.)