Melanoma Institute Australia

Clinical Psychology Referral Form

Date: _____________

Has the patient consented to the referral and to be contacted by a clinical psychologist? Yes ☐ No☐

Referring Clinician: ________________________________

Patient Details:

- Name and MRN:
- DOB:
- Phone/Email/Address:
- Medical diagnosis and treatments:

Please enter relevant medical details

Reasons for Referral

- Primary reason(s) for psychology referral:

Please enter (e.g. anxiety, depression, adjustment to melanoma, grief/loss)

- Existing psychiatric/mental health history (if known):

Please enter (e.g. previous engagement in psychological/psychiatric services)

- Do you have concerns about the patient's current **risk of harm** to self/others?
  No☐ Yes ☐ *If Yes, please give details:*
- Interpreter required? No☐ Yes ☐ *Language*:

Self-report questionnaires (to be completed by the patient prior to the initial psychology appointment):

- Distress Thermometer (see attachment) Completed: No☐ Yes ☐
- DASS-21 (see attachment) Completed: No☐ Yes ☐

Please send this form to psychology@melanoma.org.au or call 02 9911 7285. Please attach their most recent medical letter and relevant psychological/psychiatric reports if available.

Clinical Psychologists: Dr Skye Dong (Thursday/Friday) and Dr Mandy McGrath (Monday/Tuesday)