Melanoma Institute Australia

Clinical Psychology Referral Form

Has the patient consented to the referral and to be contacted by a clinical psychologist?

Yes ☐ **No**☐ (Please note that patients will not be contacted until consent to referral is confirmed).

Date:

Referring Clinician and/or Primary Doctor:

Patient Details:

- Name: DOB:
- Phone: Email Address:

- Melanoma Staging:
  In Situ ☐ Stage I ☐ Stage II☐ Stage III ☐ Stage IV ☐ Family/Carer ☐
  Other ☐ please specify
- Medical diagnosis and treatments:

Please enter relevant medical details

- 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*:

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.

Please note that the Clinical Psychology Service is not an emergency or crisis service. If your patient is experiencing an emergency or crisis, please contact: Emergency services on ***000***, the NSW Mental Health Access Line on ***1800 011 511***, or Lifeline on ***13 11 14***.

Clinical Psychologists: Dr Lisa Gomes (Thursday/Friday) and Claire Gore (Wednesday/Thursday)