

Click or tap to enter a date.

Dr General Practitioner  
Medical Practice  
Australia

Dear Dr GP,

**RE:** Client Name

**D.O.B:** Click or tap to enter a date.

**Date of Eating Disorder Treatment and Management Plan:** Date

**Number of psychological consultations on plan to date:** Choose an item.

Thank you for referring Client Name for management of their Diagnosis. They attended an initial assessment with me on Click or tap to enter a date..

### **Presenting Problem**

**Diagnosis:** Diagnosis

**Severity:** Severity

**Symptoms include:**

Click or tap here to enter text.

**Details of any completed assessments:**

Click or tap here to enter text.

**Additional information:**

Click or tap here to enter text.

### **Treatment Plan**

**Mental health care management strategy being provided:** Enter treatment modality

The primary goals of psychological treatment will be:

Click or tap here to enter text.

**Additional information:**

E.g. If treatment modality differs from GP referral outline justification here

Please feel free to contact me via enter address or phone or email if you have any queries or concerns regarding this client, or if you have another client that you feel may benefit from psychological therapy.

Kind Regards,

Click or tap here to enter text.

Click or tap here to enter text.

**Medicare Provider number:** Click or tap here to enter text.

Copy provided to  Dietitian  Psychiatrist/Paediatrician  Client and/or carer