

Dr General Practitioner
Medical Practice
Australia

Click or tap to enter a date.

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:

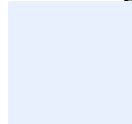
Click or tap here to enter text.

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