



To: Call to Mind

Fax: 0399789458

Email: [referrals@calltomind.com.au](mailto:referrals@calltomind.com.au)

*Please note the following conditions for this referral:*

- All referrals to the ADHD Assessment Pathway must be completed by the referring GP using this form only
- The assessment involves a comprehensive psychiatric and psychological assessment and is not a guarantee that a diagnosis of ADHD will be made
- This Assessment Pathway incurs out-of-pocket costs, details at [www.calltomind.com.au/adhd-pathway](http://www.calltomind.com.au/adhd-pathway)
- It is a condition of referral that the referring GP take over prescribing for any medications, including stimulants, once medications are initiated and stabilised (usually 6 months)

Date of referral:

Referrer:

Name:

Practice:

Phone:

Email:

Fax:

Provider number:

Patient details:

Name

DOB

Phone

Email

History relating to presenting complaint:

Psychiatric history:

Substance use history:

Past medical history:

Current medications (list):

Physical exam

Heart rate:

BP:

Weight:

Height:

ECG required (if so attach):      Yes      No

Name:

Signed: