Mental Health Day Program

ST JOHN OF GOD
Bendigo Hospital

PATIENT DETAILS:

Name _____ Date of Birth _____/_____/_____

Address _____ Home phone _____

_____ Mobile phone _____

_____ Email _____

Medicare No. _____ Ref No. _____ Expiry _____ DVA _____

Health Insurance Y☐ N☐ Fund Name _____ Fund No. _____

Workcover Y☐ N☐ Claim no. _____ Prior approval attached Y☐ N☐

TAC Y☐ N☐ Claim no. _____ Prior approval attached Y☐ N☐

1. DSM-5 psychiatric diagnosis

2. Past Psychiatric History and admissions

3. Current Medications

4. Other services included
- **Psychologist**
- **Private psychiatrist**

See our website for a list of our accredited Psychologists and their clinical intersts
www.sjog.org.au/our-locations/st-john-of-god-bendigo-hospital/find-a-specialist

REFERRING DOCTOR DETAILS:

_____

CLINIC: _____

REFERRING DOCTOR PROVIDER NO: _____

REFERRING DOCTOR SIGNATURE _____

REFERRING DOCTOR EMAIL:

_____

ENCRYPTED EMAIL (Healthlink/Argus):

_____

COPIES TO: _____

DATE: _____/_____/_____

For enquiries, please call Dr Hyacinta Zavier on 0404 375 610 or email to: mentalhealthbendigo@sjog.org.au