



Nurse Practitioner Referral

Collaborative Agreement - General Practitioner

Please email completed form to: Admin@care4MH.com

Patient Name

DOB Phone

Address

NOK/EPOA

REFERRED FOR: **Yes No**

- 1. Psychological Therapy.
- 2. Comprehensive biopsychosocial health assessment, diagnosis, and treatment (prescribing/deprescribing of psychotropic medications).
Treatment plan or basic report to GP following each appointment.
- 3. Pre-psychiatry work-up. Comprehensive biopsychosocial and/or cognitive assessment, diagnostics, and comprehensive report.
- 4. Regular mental state monitoring, psychotropic monitoring and psychological therapy. Basic report to GP following each appointment.
- 5. Cognitive screening (ACE-III, MoCA, MMSE) and comprehensive report.
- 6. Other

Current Medications

1. <input type="text"/>	4. <input type="text"/>
2. <input type="text"/>	5. <input type="text"/>
3. <input type="text"/>	6. <input type="text"/>

Referrer Details

Name <input type="text"/>	Provider Number <input type="text"/>
Phone <input type="text"/>	Email <input type="text"/>
Signature <input type="text"/>	Date <input type="text"/>

Nurse Practitioner Rhonda Robinson Provider Number

Signature <input type="text"/>	Date <input type="text"/>
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