



**Peninsula GP Network**  
**Access to Allied Psychological Services Program**  
**Mental Health Clinician Report to GP**

<b>To - Referring GP Details</b> Name:  Practice:	<b>Date:</b>
<b>From - Allied Health Clinician details</b> Name: Practice: Contact No.	<b>Patient details</b> Patient Name:  D.O.B:  Address:

**Presentation & Assessment** (include presentation, alcohol & drug use, interpersonal interactions, social issues, any tools used and results, etc):

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**Summary of Treatment & Progress** (include nature of intervention, any ongoing issues/obstacles to treatment; indicate number of sessions patients attended):

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**Recommendations for Future Management:**

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