

## Referral Form

The CADE Clinic provides clinical assessments for the diagnosis and management of mood disorders for adolescents and adults (aged 16 - 65 years). These assessments may be conducted in-person or via the Mood-T (telehealth) service. Telehealth appointments will be offered on a case-by-case basis.

Please note: The CADE Clinic and Mood-T are bulk-billing services and assessments come at no cost to patients. Please ensure patient Medicare details are provided below.

The clinic does not provide assessments for other primary diagnoses such as substance misuse, eating disorders and is not suited to patients with current comorbid conditions nor for legal purposes, insurance determinations, Centrelink claims or academic exemptions and does not offer continuing management.

### Instructions

1. Complete the below Referral Form
2. Email completed Referral Form and supporting documentation to [contact@cadeclinic.com](mailto:contact@cadeclinic.com)
3. Once the referral and supporting documentation is received the patient will be contacted and our team will work with the patient to arrange a time and day for assessment.

**Failure to provide sufficient details in this referral form will prevent the clinic from being able to assess the suitability of your patient.** This will result in the clinic being unable to offer an appointment.

### Request

Date:

Health Practitioner Details			
First Name:	Surname:	Provider No:	
Position:			
Health Service/Practice Name:			
Address:		State:	Postcode:
Phone:		Email:	
Treating Psychiatrist:			
Preferred Contact:		Phone	Email

Patient Details			
First Name:	Surname:	DOB:	
Medicare No:		Ref No:	
Address:		State:	Postcode:
Phone:		Email:	
Sex:			
Preferred Contact:		Phone	Email

Reason for Referral	
Diagnostic review and clarification	Advice Regarding Management
Diagnostic review of depression	Review of treatment
Diagnostic review of bipolar disorder	

## Clinical Notes

Please include the following details (attach additional pages and documents if necessary)

### History of Mood Disorder

(Age of onset, number of episodes (if known), pattern of episodes, periods of euthymia)

### Current and Past Treatment History

(All trials of psychological, pharmacological and physical treatments)

### Other Relevant Information

(e.g. comorbid conditions, physical illnesses, contraindications to treatments)