



Better Life
program

Referral Form Veteran Health Association - Multidisciplinary Program

Psychiatry

Psychology

Exercise Physiology

Physiotherapy

Please return completed form to Veteran Health Association: **Fax: (07) 567 65 393** or **Email: forms@veteranhealth.com.au**

Referring Doctor	
Name:	Provider No:
Practice Address:	Phone:
	Fax:
	Email:
Patient Details	
Name:	DOB:
Address:	Phone:
	Mobile:
	Email:
Medicare No:	Medicare Exp:
DVA Card No:	DVA Card Type: <input type="checkbox"/> White <input type="checkbox"/> Gold <input type="checkbox"/> Gold (TPI)
DVA At Risk Client Assessment Form completed: <input type="checkbox"/>	To be reviewed at: <input type="checkbox"/> 3-mths <input type="checkbox"/> 6-mths <input type="checkbox"/> 12-mths
Presenting Conditions:	
For White Card Holders – please list DVA approved conditions:	
Treatment Goals:	
Medical Precautions/Special Needs:	
If GP referral, does patient have a treating psychiatrist? <input type="checkbox"/> No <input type="checkbox"/> Yes (please provide name): Dr	
Doctor Signature:	Date: / /