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Dr Taj Singh-Murdoch Psychiatry 57/3, Wexford Medical Centre,

3, Barry Marshall Parade, Murdoch WA 6150

E: [admin@murdochpsychiatry.org](mailto:admin@murdochpsychiatry.org) murdochpsychiatry.org F 08 9200 5777 P 08 6311 8028

**Referral Letter for Consultant Psychiatrist - Dr Taj Singh**

**Brief information required from GPs in the referral:**

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| --- |
| **Patient Demographics**  Name DOB: Age: Gender: Male / Female  Address:  Phone: |
| **Date of referral:** |
| **Reason for the referral:** |
| **Brief past psychiatric history:** |
| **Any current risks:** (Please identify if yes) |
| **Any significant use of illicit Drugs/Alcohol?** (Please specify if Yes) |
| **Relevant Medical History/Co-morbidities:** |
| **Current medication list:** |
| **Allergies:** |

|  |  |
| --- | --- |
| **Referrer' Details:**  Dr Name  Dr Provider No Address | **Referrer's Signature:** |

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