



The Hills Clinic



Referral

Patient's Name: _____

Date of Birth: _____

Phone Number: _____

Outpatient Consultation

Psychiatrist: _____

Psychologist: _____

Other: _____

Outpatient Group Therapy

Mood and Anxiety

Addiction Step-Down

Addiction Recovery

Other: _____

Inpatient Hospital Admission (Kellyville Only)

Mood and Anxiety Disorder Program

Addiction Program

Workcover/MAA

General Psychiatric Admissions

KELLYVILLE
15-17 Memorial Ave,
Kellyville, NSW 2155

Hospital
T: 1300 122 144
F: (02) 8883 1834

Medical Centre
T: (02) 8867 0524
F: (02) 8867 0598

CASTLE HILL
26 Hume Ave
Castle Hill, NSW 2154
T: (02) 9899 3618
F: (02) 9899 3617

HORNSBY
45 Palmerston Rd
Hornsby, NSW 2077
T: (02) 9472 4700
F: (02) 9987 4768

Clinical Notes

Referral Information

Doctor:

Address:

Phone Number:

Provider Number:

Date:

Doctor's Stamp

1300 122 144 • www.thehillsclinic.com.au • mail@thehillsclinic.com.au





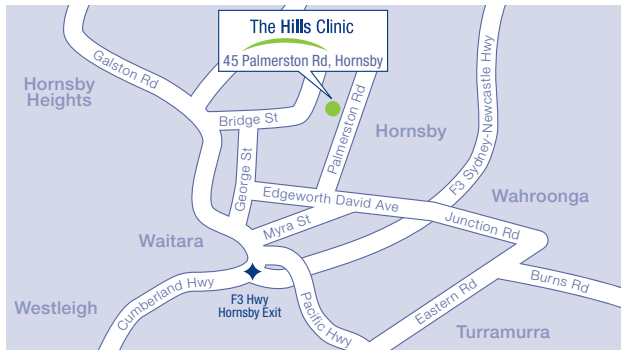
The Hills Clinic



Castle Hill (Outpatient Clinic)



Hornsby (Outpatient Clinic)



Kellyville (Hospital and Outpatient Clinic)



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