Your Surgery Header
Address
Dr Name
Location
Phone & Fax

DD/MM/YYYY

Dear Cygnet Psychologist,

Re: {**Patient First Name Surname}** DOB: 00/00/00,
Patient Medicare Number: 00000000 IRN 1

Thank you again for seeing {**Patient First Name Surname}** for psychological assessment and therapy under a Mental Health Care Plan (MHCP). Please continue to see {**Patient First Name Surname}** under their existing MHCP for a further 10 sessions this calendar year.

Please send me a progress report after the 6th and 10th sessions.

Social and Medical History

Anything relevant to mental health here.

Yours sincerely,

{Signature or Stamp Here}

Dr First Name Surname
Provider Number 000000Y
ADDRESS HERE
FAX & PHONE HERE