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 for seeing {**Patient First Name Surname}** for psychological assessment and therapy under a Mental Health Care Plan (MHCP).

{**Patient First Name Surname}** has reported symptoms of xxxxx

Please see {**Patient First Name Surname}** under their existing MHCP for 10 sessions for this calendar year.

Social and Medical History

Anything relevant to mental health here.

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

Yours sincerely,
{Signature or Stamp Here}

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