



Alpine Neurofeedback & Clinical Psychology

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Contacts:

Neurofeedback: Co-Ordinator

Lara Schulz: 0418 216 077

Clinical Psychologist

Dr Iris Baker: 0412 216 271

DVA Provider Number: 2601015K

PATIENT REFERRAL FORM

Patient Details

Full Name _____

DOB _____

Phone Number _____

Email _____

Address _____

Medicare Number _____

Department of Veterans Affairs

Workcover

Health Fund

Referring Practice Details:

Stamp:

Provider Number _____

Reason(s) for referral (Please circle)

Major depressive disorder

Chronic pain

Generalised anxiety disorder

Obsessive-compulsive disorder

Post-traumatic stress disorder

Tinnitus

Epilepsy

Parkinson's disease

Traumatic brain injury

Anxiety

Concussion

Addition

Cognitive decline

Depression

Insomnia

AD/HD

Other: _____

Doctor's Signature: _____

Alpine Neurofeedback & Clinical Psychology

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