

What to Check Before Writing a Patient Referral

Before writing a referral to Fluence Clinic, complete the pre-checks below.

These steps help avoid referring patients who aren't eligible or clinically suited to our service — saving time and preventing unnecessary disappointment.

Check Basic Patient Eligibility

Patient age

We accept patients **aged 6 and above**. There is no fixed upper age limit – **suitability is assessed individually** based on safety and Telehealth appropriateness.

Patient/GP location

ASD or General Mental:
We accept Australia-wide.

ADHD or Dual ADHD/ASD:
We don't accept from WA.

Private Billing

We do not offer bulk-billing. Patients must be willing to **pay the full fee upfront** before their appointment & submit their own Medicare rebate.

High-Risk or Complex Cases

If the **patient has any current or history of...**

- Alcohol Use
- Substance Use
- Eating Disorder
- Neurological History
- Cardiac History
- Mental Health Risks

Please **refer to the next page** for specific inclusion criteria, treatment stability requirements, and documentation needed.

All referrals are subject to clinical triage.

Patients with complex or unstable psychical or mental conditions may be better suited to face-to-face care.

Confirm Clinic Suitability

GP co-prescribes

We co-prescribe with GPs for any recommended medications, as **we do not provide prescriptions directly** to patients.

Medicare Item Used

All initial assessments are billed **under Item 291** (Medicare code 92435).

Please ensure the referral supports this by clearly stating the need for a **psychiatric opinion and management plan**.

Meet Requirements

The **GP is willing to meet the requirements listed in this guide** for sending complete referrals.

For High-Risk or Complex Cases

Additional information is required for high-risk or complex cases.

Alcohol Use

We need to know **how many standard drinks a week** the patient consumes. For past misuse, please include **history, stability, and treatment**.

For ADHD related referrals, the patient **must be < 15 standard drinks a week for stimulant prescribing**.

Substance Use

Patients with active substance use are not suitable for Fluence Clinic.

List past substances used, including **frequency, duration, abstinence period**, and any **treatment**.

For ADHD related referrals, **patient must be substance-free for 3 months for stimulant prescribing**.

Eating Disorders

Include **diagnosis and current status**. For restrictive eating disorders, the **BMI must be >18 and listed in the referral**.

Please **include a letter from their psychologist or dietician**, and **confirm stability and medical monitoring** by GP or clinical team.

Cardiac or Neurological

Confirm if the patient has **epilepsy, cardiac conditions, strokes**, or any other cardiac or neurological history.

For applicable patients with cardiac or neurological history, please note that **cardiologist or neurologist clearance may be required prior to commencing stimulants**.

We appreciate your partnership in providing detailed referrals and supporting timely psychiatric care.

Best Practices for Patient Referrals

This guide explains exactly what information is required when referring a patient to Fluence Clinic - including specific details that are critical for safe, effective care.

Patient Details

✓ Basic Information

- Full legal name
- Preferred name
- Date of birth
- Current mobile number
- Current email address
- Residential or postal address

✓ Patient History

- **Summary of current symptoms & any childhood symptoms**
- Mental history
- Physical health history
- Details of any **alcohol or substance use**
- Any **history of psychiatric hospital admissions, suicide risk, bipolar disorder, psychosis, eating disorders, or complex presentations**
- **Cardiac / neurological diagnoses**

Referral Details

✓ Referral Purpose

Clearly **state reason for referral** - e.g. ADHD, ASD, Dual ADHD & ASD, or general mental health psychiatric assessment.

✓ Addressed To

Referral **must be addressed to Fluence Clinic or be written as an open referral** - i.e. "Dear Psychiatrist."

✓ Referrer Details

Referring GP & clinic details including:

- Full name
- Provider number
- Clinic contact details (if not provided on letterhead already)
- **Confirm willingness to co-prescribe**

Sending

✓ Good quality

- Typed and clearly legible.
- **Handwritten referrals can not be accepted.**
- Include all pages.

✓ File Types

- **Be sent as a PDF** (preferred), a Word Document, or quality image (JPEG or PNG).
- Sent as an attachment. **Referrals sent via Google Drive or Dropbox links can NOT be accessed by staff.**

✓ Referral PINs

We **prefer referrals sent without a PIN** wherever possible. **If required, please email the code to** pin@fluenceclinic.com.

Why Most Referrals Aren't Triaged Successfully

Accurate referrals lead to faster triaging, better psychiatrist/patient matching, and reduces cancelled appointments due to missing information.

Here are the most common reasons for unsuccessful or delayed triaging:

Basic Patient Details Required are Missing

We need to know the patient's **full legal name**, **date of birth**, **address**, **mobile number**, and ideally **include their email address**.

Referral Content Incomplete

We need the **reason for the referral** (i.e. ADHD, General Psychiatry, etc.). If it's for ADHD, we also need to know of any **childhood symptoms**.

Patient History Missing or Incomplete

We need to know their **mental and physical health history**, along with any **alcohol and substance use** history detailed.

Incorrect Medicare Referral

The referral needs to include **Medicare Item Code 291**. This indicates you have requested a **psychiatric opinion & management plan**.

High-Risk Factors Not Disclosed

We **need to be aware of risk factors** like suicide risks, psychiatric hospital admissions, psychosis, bipolar, substance or alcohol use, or complex medical conditions.

Unsuitable File Types or PIN Issues

We **cannot accept handwritten referrals**, blurry or low quality documents, or **Google Drive/Dropbox links**. We need the PIN sent for any PIN-locked referrals.