

**Dr Andrew Parkin**  
**Child & Adolescent Psychiatrist**

**Open Skies Psychiatry**  
**www.openskiespsychiatry.com.au**

## Why we're seeking a referral

Although your GP or Paediatrician needs to make a referral, it would be very helpful to know what you are seeking from seeing Dr Parkin before your first appointment is booked.

Please could you complete the questions below? Providing this information can help in thinking about whether a consultation with Dr Parkin could provide what you're looking for.

Name of person completing this form: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name of patient: \_\_\_\_\_ Age: \_\_\_\_\_

I confirm that I hold Parental Responsibility\* for the child named above.

Signed: \_\_\_\_\_ Today's date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\* Defined as all the legal duties, powers, responsibilities and authority that parents have in relation to their children

1) Briefly, please describe the nature of the problem

3) Have you seen anyone else about this, if so who?

4) What question(s) would you like Dr Parkin to answer or what would you like his role to be?

5) Where did you hear about Dr Parkin?

6) Do you have any other comments or questions, or is there anything else we need to know to ensure that this is the best service for your child?

### **What's the next step?**

The Reception Team at Southside Health & Wellbeing will contact you after Dr Parkin has received this form. If you haven't already done so, you may be asked then to obtain a referral from your GP or Paediatrician.

If you need to clarify anything in the meantime, please contact the clinic on 9759 2480, or email [enquiries@southsidehealth.com.au](mailto:enquiries@southsidehealth.com.au).