

Referral Form

Thirusha Mohabir, MAClin(Psych) (UNIZULU)
Board Certified Clinical Psychologist
HPCSA Reg No: PS0118710 Pr No: 0860010516368
Address: 20 Gainsborough Drive, Durban North, 4051
Tel: 087 700 4800 - Cell: 079 567 8206 - Fax: 086 574 8073
Email: tmohabir@coremedical.co.za
Website: www.clinpsychdurban.co.za

Date of Referral: _____

Patient Name: _____

Patient Gender: _____ Date of Birth: _____

Address: _____

Patient Telephone Number/s: _____

Reason for Referral/Presenting Problem: _____

Current Medications, if any: _____

Additional Comments: _____

Referring Physician/Professional (please complete or use stamp):

Name: _____

Telephone: _____

Address: _____

Signed: _____

Many thanks for your referral.