



**ReviveMed** Referral Process Information for patients

## INFUSION THERAPY REFERRALS

## **Prior to booking**

- Psychiatrist referral letter: ReviveMed patients must have a treating Psychiatrist. To be considered for the program, you will need a letter from your psychiatrist recommending you for ReviveMed Infusion Therapy, and confirming that they will continue to provide your ongoing treatment and care.
- **GP referral letter:** All patients require a GP referral to see the ReviveMed psychiatrist, including a detailed medical history, and list of current medications.
- **Ongoing psychologist:** You must also be regularly engaged with a Psychologist.

## **Booking**

- Initial assessment: Your first appointment will be held with our nurse practitioner to discuss the program in detail and determine whether the treatment would meet your needs. If a second opinion is deemed necessary, we will arrange this for you.
- **Pre-screening:** Prior to commencing treatment, you will be required to undergo a series of blood tests, an ECG, and an MRI (dependent on circumstances).
- **Scheduling treatment:** If it is recommended that you participate in the program, the ReviveMed team will liaise with the relevant hospital to arrange the booking.

If you are a DVA patient, approval must be sought by ReviveMed from the DVA Health Approvals team for funding. (This generally takes around four to six weeks).

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## **Important information**

- The initial infusion series consists of six infusions over a two-week period, followed by maintenance infusion(s), approximately once every three to six weeks.
- You must have a family member/friend available to collect you from each infusion.
- The private cost of the infusions starts at approximately \$2000 per treatment. This includes hospital, anaesthetist and ReviveMed program fees.
- Please note that there is no private health insurance or Medicare approval for access to a rebate on the hospital admission.

All referrals must be sent to:

Psychiatrist, ReviveMed Suite 3, Calvary Clinic, 40 Mary Potter Circuit, Bruce ACT 2617 Ph: 02 6109 8830 Fax: 02 8330 6358

rux. 02 6330 6336

Email: admin@revivemed.com.au

For more information please visit www.revivemed.com.au

ReviveMed accepts referrals nationwide to multiple locations.