GP Referral Versus Self Referral: What Changes?



A school has raised concerns, an adult has finally recognised a lifelong pattern of attention or organisation difficulties, or a family is ready to seek clarity. At that point, GP referral versus self referral can seem like an administrative detail. It is not. Both routes may lead to psychological assessment or therapy, but they play different parts in care, Medicare access and communication with other health professionals.

For many people in Victoria, the practical answer is that an appointment can often be booked without first seeing a GP. A GP appointment may still be useful, particularly

where Medicare rebates, physical health considerations, medication decisions or coordination with other services are part of the picture.

GP referral versus self referral: the basic difference

A self referral means an individual, parent or caregiver contacts a psychology clinic directly to ask about an assessment or therapy appointment. No letter from a doctor is needed to make that initial contact. This route can suit someone who wants to understand the assessment process, available appointment types and likely fees before arranging other appointments.

A GP referral means a general practitioner provides written information to the psychologist or clinic. The referral may outline the reason for seeking care, relevant history, current concerns and any existing supports. Where appropriate, a GP may also prepare a Mental Health Care Plan.

These routes are not competing choices. A person may self refer to begin the process and see their GP later. Another person may start with a GP because the GP already knows their medical history or because they want to discuss Medicare arrangements from the outset. The appropriate sequence depends on what support is being sought and what other care is already in place.

What can happen after a self referral

Self referral gives a person or family a direct route to information about psychological services. At an initial contact, the clinic can explain whether the requested service is an assessment, therapy, or both, and identify the information needed before an appointment is booked.

For an ADHD, autism or learning-difficulty assessment, this commonly includes developmental and educational history. For a child or teenager, parents or caregivers may be asked to provide school reports, previous assessments and information from relevant teachers or allied health professionals. For adults seeking assessment, useful material may include earlier school records where available, previous mental

health reports and details about current work, study or home demands.

A self referral does not make an assessment less formal. The assessment process may involve clinical interviews, structured measures, developmental history, information from other settings and consideration of other factors that can affect attention, learning, mood, sleep or daily functioning. The exact components depend on age, referral question and available history.

Self referral can be particularly practical when a family wants to understand the process before approaching several services, or when an adult prefers to arrange a psychology appointment independently. It also allows the clinic to advise whether the concerns described fit within its scope before the person spends time arranging a referral.

However, self referral alone does not create Medicare eligibility. Medicare rebates may be available when a person has an eligible referral and Mental Health Care Plan, and when the service meets current Medicare requirements. Eligibility, referral wording, session limits and rebate arrangements can change, so these details need to be checked with the GP, Medicare and the clinic before an appointment.

What a GP referral adds

A GP referral can place psychological care within a broader health plan. GPs can consider physical health, sleep, medication history, other medical conditions and current mental health concerns. They can also decide whether another medical opinion, such as from a paediatrician or psychiatrist, is needed.

This distinction matters because psychologists do not prescribe medication. At BNC, registered psychologists provide assessment, diagnostic support, psychological therapy and planning. Decisions about medication remain with a GP, paediatrician or psychiatrist.

A referral can also improve communication. With consent, relevant findings from an assessment or therapy process can be shared with the referring GP. This helps the GP understand the psychological component of the person’s care and consider next steps within their own medical role.

For children and adolescents, a GP referral may be a useful starting point where there are several overlapping concerns, such as sleep changes, anxiety, school refusal, developmental questions or changes after concussion. It does not replace developmental history or school information, but it can help ensure that care is coordinated rather than fragmented.

For adults, a GP appointment can be valuable when longstanding attention and executive-function difficulties sit alongside stress, low mood, anxiety, sleep difficulties or physical health concerns. A GP can discuss these issues without assuming that one explanation accounts for every difficulty.

Assessment referrals are different from therapy referrals

The words “referral” and “Mental Health Care Plan” are sometimes used as though they cover every psychology service in the same way. They do not necessarily do so.

An ADHD or autism assessment is a diagnostic process. It may require several appointments, questionnaires, collateral information and time to review records. The assessment may identify a neurodevelopmental presentation, another explanation, more than one contributing factor, or a need for further information. A referral can clearly state that assessment is being sought, but a Mental Health Care Plan does not automatically mean every component of an assessment is Medicare rebatable.

Psychological therapy is different. Therapy may focus on difficulties that accompany a neurodevelopmental diagnosis or arise independently, including anxiety, depression, sleep difficulties, adjustment, emotional regulation, family stress or the practical demands of work and study. Where a person is eligible, a GP’s Mental Health Care Plan may support Medicare rebates for particular therapy services under current requirements.

It is reasonable to ask the clinic what service is being proposed, how appointments are structured, what information is needed and which costs may apply. Clear answers help families and adults plan without relying on assumptions about Medicare coverage.

When it makes sense to begin with a GP

Starting with a GP is often useful when the person wants to explore Medicare options before booking, has significant medical or mental health concerns that need broader review, or may need medical care alongside psychological assessment. It may also help where a school, psychologist, paediatrician or other professional has asked for a GP to coordinate referrals.

A GP can provide a concise referral that includes the reason for referral, relevant developmental or mental health history, current diagnoses if any, medications and other involved practitioners. For a child, it can be helpful to include the family's main concerns and whether school reports or previous assessments are available. For an adult, the referral can note the impact on employment, study, relationships or daily tasks without trying to reach a diagnosis in the referral itself.

The GP does not need to have every document before making a referral. The psychological assessment gathers detailed history over time. Useful background information simply helps the clinic prepare for the first appointment.

When self referral may be the simpler first step

Self referral may suit a person who is deciding whether an assessment is appropriate, wants to check appointment availability, or already has relevant reports and wishes to discuss the next stage directly with a psychologist. It can also be a practical first step for families who have been advised by a school to seek information but have not yet decided what type of assessment is needed.

This route does not close the door to GP involvement. A GP can be brought into the care pathway later, particularly if Medicare planning, medical review or communication with a prescriber becomes relevant. Consent remains central. Information is shared with other providers only when the client, or parent or caregiver where appropriate, agrees, except where law or safety obligations require otherwise.

Planning the pathway rather than chasing paperwork

The most useful referral route is the one that matches the purpose of care. If the immediate need is information about a psychological assessment, self referral may be enough to begin. If care will involve Medicare planning, medical review or coordination with a prescriber, a GP referral is often an important part of the pathway.

For people in Melbourne's eastern suburbs, a clinic based in Doncaster can explain whether an in-person or telehealth appointment is suitable and what records to gather before the first session. The aim is not to collect paperwork for its own sake. It is to build a clear clinical picture and leave the person or family with a practical next step.

For more information

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