

PSYCHOLOGICAL THERAPY SERVICES Referral Form

NEPEAN
BLUE MOUNTAINS
An Australian Government Initiative

Healthcare
Blue Mountains | Hawkesbury | Lithgow | Penrith

This referral is only valid with a PTS Referral Code. To obtain a referral code, GPs and other approved referrers must contact the Nepean Blue Mountains PHN dedicated referral line.

Completed referral form to be sent to the AHP with Mental Health Treatment Plan where indicated below:

Phone: 1800 223 365 Psychological Therapy Services (PTS) dedicated referral line

Date of Referral	Patient Initials	Year of Birth	M/F	Patient Post Code	PTS REFERRAL CODE
22/2/24	JMcG	1965	F	2756	NBM: 10778

PTS Provider / Fax Michelle Hoocham

Attached, please find an assessment for a patient that I wish to refer to you under the Nepean Blue Mountains PHN Psychological Therapy Program for Focussed Psychological Strategies (FPS).

Mental Health Treatment Plan/Review required for all patients except those being referred to Bushfire/Flood streams.

- ☐ General / new patients affected by the COVID-19 pandemic (No HCC required)
- ☐ Disaster Recovery (bushfire/flood) (No HCC or MHTP required)
- ☐ Young people 12-25 years old across the region (HCC and MHTP required)
- ☐ Perinatal (HCC and MHTP required)
- ☐ Aboriginal and/or Torres Strait Islander Peoples (MHTP required)
- ☐ Unpaid Carer of a person with a disability, medical condition, mental illness or frail and aged (HCC and MHTP required)
- ☐ Lesbian, Gay, Bisexual, Transgender, Queer, Intersex (HCC and MHTP required)
- ☐ Co-morbid Alcohol and Other Drugs (HCC and MHTP required)
- ☒ PTS Extended (Individuals aged 25 and over with additional complex trauma) (HCC and MHTP required)
- ☐ PTS Child Services (Family HCC and MHTP required)

This referral is valid for 2 months and expires on:
The first PTS session must occur on or before the expiry date

22/2/24

This patient needs to return to me for a review by:
The review with the GP required within 6 months of the referral date

22/05/2024

Diagnosis (select all applicable)

- ☐ Depression
- ☐ Psychotic disorder
- ☒ PTSD or disclosed complex trauma
- ☐ Anxiety disorder
- ☐ Unexplained somatic disorder
- ☐ Social phobia
- ☐ Other (Please list) _____

Preferred mode of service delivery

☒ Face to face

☐ No preference

☐ Telehealth

GP Signature or Stamp:



Dr. Therese Roberts

Provider No. 049686DH

Kellyville Village Medical Centre

Shop 10 (inside next to Coles)

90 Wrights Rd, Kellyville NSW 2155

Tel: (02) 8814 1555 Fax: 8814 1786

Patient Consent: By consenting to this referral, I understand that all information in this referral, and any previous referrals (where applicable) including my personal information, will be collected for the primary purpose of delivering care; and for the ongoing monitoring, reporting, evaluation and improvement of services. I consent with the understanding that this information will only be used, disclosed and stored for its primary purpose, between my health service provider(s), the Department of Health, and the Nepean Blue Mountains Primary Health Network (NBMPHN) and affiliated partner organisation(s)*, in accordance with the *Australian Government Privacy Act, 1988*.

* *Affiliated partner organisation(s) means those required to support the monitoring, reporting, evaluation and/or clinical governance for the service.*

Patient Signature

Date

22/2/24

Consent for Patient under 18 years of age:

Parent/Guardian/Carer Name:

Contact number:

Email:

Signature

Date

Referral Requirements:

PTS underserved and hard to reach population groups: (5 sessions per referral, and eligible for one re-referral)

- **Aboriginal and Torres Strait Islander origin** – individuals whom identify as Aboriginal or Torres Strait Islander and require access to psychological therapy (**No Healthcare or Pension Card required**).
- **Perinatal** – women whom are pregnant, or have had a child within the past 12 months and require access to psychological therapy (Healthcare, Pension or Family HCC required).
- **Alcohol & Other Drugs** – requires a person to have a co-existing substance use and mental health issue, both of which are clinically and/or socially significant. Please note: the person engaging in therapy sessions must not be under the influence of AOD (Healthcare or Pension card required).
- **Carers** – people who provide personal care, support and assistance to another individual due to disability, medical condition (including terminal or chronic illness), mental illness or are frail and aged. A person is not eligible if they provide care for payment, as a volunteer for an organisation, or as part of the requirements of a course of education or training (Healthcare or Pension card required).
- **Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI) people** – individuals whom identify as LGBTQI, or have concerns related to their experience of sexuality or gender (Healthcare or Pension card required).
- **Young People aged 12 – 25 years whom reside in the Blue Mountains or Hawkesbury LGA** - (Healthcare, Pension or Family HCC required).

General / New patients affected by the COVID-19 pandemic: (6 sessions per referral, and eligible for one re-referral)

- People who have not accessed PTS since 2020 and have had their mental health affected by the COVID-19 pandemic (No HCC or Pension card required).

Child Psychological Services: (6 sessions per referral, and eligible for one re-referral)

- Children under 12 years of age, who have or are at risk of developing a mild to moderate mental health, behavioural or emotional disorder and are likely to benefit from short term intervention (Family HCC or Pension card required).

Extended/Longer term Therapy Services: (12 sessions per referral and eligible for 4 referrals in total)

- Individuals living with moderate to severe mental illness with added complexity e.g. trauma, and people with severe or complex presentations that do not require substantial clinical care coordination.
- Must be over 25 years of age or older and possess a HCC or Pension card.

Disaster Recovery (bushfire/flood): (10 sessions until December 2023)

The Disaster Recovery PTS stream is available to anyone in our region experiencing high levels of distress resulting from recent bushfires or floods. For example, people who have experienced loss of property, loss of business income, or have experienced significant mental health impacts as a result of the threat of bushfire or flood, which could be from past trauma. People can be referred under both bushfire and flood, if eligible.

- **No Healthcare or Pension card required**
- No Mental Health Care Plan is required, however GP may complete one at their discretion.

patient's name	Mrs Julie McGrath	Date of Birth	13/10/1965
address	1/620 A George Street South Windsor 2756	Phone	(02) -
Other details and/or emergency contact(s) Name / Practice	Kellyville Village Medical Centre	Other care plan Eg GPMP / TCA	YES <input type="checkbox"/> NO <input type="checkbox"/>
GP or nurse currently involved in patient care		Medical Records No.	

SENTING ISSUE(S)	depressed mood														
What are the patient's current mental health problems	anxiety reliving past relationship trauma														
PAST MEDICAL HISTORY	depression														
Record relevant biological psychological and social history of mental disorders any relevant substance abuse or other health problems															
INDICATIONS															
Which information is required)	<table border="0"> <tr> <td>Atozet 10mg;80mg Tablet</td> <td>1 Tablet In the evening.</td> </tr> <tr> <td>Cartia 100mg Tablet</td> <td>1 Tablet Daily.</td> </tr> <tr> <td>Jardiamet 12.5/1000 12.5mg;1000mg Tablets</td> <td>1 Tablet Twice a day.</td> </tr> <tr> <td>Pantoprazole 40mg Tablet</td> <td>1 Tablet In the evening.</td> </tr> <tr> <td>Perindopril 4mg Tablet</td> <td>1 Tablet Daily.</td> </tr> <tr> <td>Sotalol 80mg Tablet</td> <td>½ Twice a day.</td> </tr> <tr> <td>venlafaxine 37.5mg</td> <td>daily</td> </tr> </table>	Atozet 10mg;80mg Tablet	1 Tablet In the evening.	Cartia 100mg Tablet	1 Tablet Daily.	Jardiamet 12.5/1000 12.5mg;1000mg Tablets	1 Tablet Twice a day.	Pantoprazole 40mg Tablet	1 Tablet In the evening.	Perindopril 4mg Tablet	1 Tablet Daily.	Sotalol 80mg Tablet	½ Twice a day.	venlafaxine 37.5mg	daily
Atozet 10mg;80mg Tablet	1 Tablet In the evening.														
Cartia 100mg Tablet	1 Tablet Daily.														
Jardiamet 12.5/1000 12.5mg;1000mg Tablets	1 Tablet Twice a day.														
Pantoprazole 40mg Tablet	1 Tablet In the evening.														
Perindopril 4mg Tablet	1 Tablet Daily.														
Sotalol 80mg Tablet	½ Twice a day.														
venlafaxine 37.5mg	daily														
ALLERGIES	Nil known.														
OTHER RELEVANT INFORMATION	separated from husband since 2005 myocardial infarction, pacemaker 2018 Type 2 Diabetes														
RESULTS OF MENTAL STATE EXAMINATION	Emotional and teary woman who presents with youngest daughter on pretext of requesting routine medical review who requests a mental health care plan to help her deal with her worsening depressive mood and anxiety and reliving of past relationship trauma.														
Has patient been previously examined															
RISKS AND COMORBIDITIES	nil														
any associated risks co-morbidities including suicidal tendencies and risk to others															
ASSESSMENT TOOL USED	RESULTS:														
DIAGNOSIS	Complex Trauma Reaction; depression														

PATIENT NEEDS / MAIN ISSUES

to process and develop strategies to help her deal with memories of previous and significant relationship trauma to improve wellbeing

ASSESSMENT

Record the mental health goals agreed to by the patient and GP and any actions the patient will need to take

TREATMENTS

Treatments, actions and support services to achieve patient's goals

cbt
ipt
mindfulness
supportive therapy

RISK / RELAPSE

As required, note the arrangements for crisis intervention and/or relapse prevention

REFERRALS

Note: Referrals to be provided by GP, as required, in up to two groups of six sessions. The need for the second group of sessions to be reviewed after the initial six sessions.

APPROPRIATE PSYCHO-EDUCATION PROVIDED

Yes

PLAN ADDED TO THE PATIENT'S RECORDS

Yes

COPY (OR PARTS) OF THE PLAN OFFERED TO OTHER PROVIDERS

Yes

COMPLETING THE PLAN

On completion of the plan, the GP is to record that she/he has discussed with the patient:

- the assessment
- all aspects of the plan and the agreed date for review;

and

- offered a copy of the plan to the patient and/or their carer (if agreed by patient)

05/10/2023

DATE PLAN COMPLETED:

REVIEW DATE (initial review 4 weeks to 6 months after completion of plan): 03/03/2024

REVIEW COMMENTS (Progress on actions and tasks)

OUTCOME TOOL RESULTS ON REVIEW