

ATAPS Referral

Melissa Johnston

This referral is active only with a valid ATAPS Referral Code, obtained from Nepean-Blue Mountains Medicare Local
ph: 1800 223 365- ATAPS dedicated referral line
No ATAPS sessions can be provided without a referral code.



Attach this referral letter to the Mental Health Treatment Plan/Review and send to the ATAPS AHP.

Date of Referral	Patient Initials	Year of Birth	M/F	Patient Post Code	ATAPS REFERRAL CODE
17/04/2024	MJ	30/09/1985	F	2756	NBM11272

ATAPS Provider Name: Michelle Hookham 45774435

Attached, please find an assessment for a patient that I wish to refer to you under the Nepean-Blue Mountains Medicare Local ATAPS Project, for Focussed Psychological Strategies (FPS).

I have referred this patient under the ATAPS target group:

This referral is valid for 2 months and expires on: 17/06/2024

The first ATAPS session must occur on or before the expiry date

This patient needs to return to me for a review by: 17/07/2024

The review with the GP has to occur within 6 months of the referral date

Eligibility:

☒ I have completed a Mental Health Treatment Plan/Review for this patient

☒ If General or Children ATAPS – I confirm this patient meets the ATAPS low income criteria (current Commonwealth Pension or Allowance and/or Health Care Card for General ATAPS, family Health Care Card for Children)

Diagnosis (please tick all applicable)

Depression, Anxiety Disorder

If other, specify:

Please do not hesitate to contact me if you have any questions or concerns

Dr May Hamad
Windsor Street Family Practice
131 Windsor Street, Richmond NSW 2753
Phone (02) 4578 5599
Fax (02) 4578 5600
Provider No. 226002BY

GP signature:

Patient consent:

I give consent for information about my mental health and wellbeing to be collected, used and disclosed between my GP and mental health provider to whom I am referred, where this is required to assist in the management of my health care; and
I am aware that my name and date of birth will be collected and securely stored by the Nepean-Blue Mountains Medicare Local, for the purpose of accurately tracking referrals; and
I am also aware that information (that will not identify me to any external parties) is being collected and used to assist in improving the ATAPS program, and I agree to this de-identified information being collected and shared for the purpose of national ATAPS evaluation.

*
Patient signature

Date 17/04/2024