

## ATAPS Referral

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 |
|------------------|------------------|---------------|-----|-------------------|---------------------|
| 20/08/2024       | 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: 20/10/2024

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

This patient needs to return to me for a review by: 20/10/2024

*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

GP signature:

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

### 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 20/08/2024