

PSYCHOLOGICAL THERAPY SERVICES Referral Form

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	Patient Gender	Patient Postcode	PTS REFERRAL CODE
11/09/2024	HLW	1984	F	2756	NBM: 10959

PTS Practitioner Details

Name: Michelle Hookham Contact Number: 4577-4435
Fax/Email: health @ michellehookham.com.au

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 and pension card required unless indicated otherwise.
Please note Aboriginal and/or Torres Strait Islanders can access any PTS stream without a pension card.

- ☐ Seek Out Support (SOS Suicide Prevention) (No HCC or MHTP required)
- ☒ General (New patients only, no HCC required)
- ☐ Disaster Recovery (bushfire/flood/Bondi Junction tragedy) (No HCC or MHTP required)
- ☐ Young people aged 12-25 years (HCC and MHTP required)
- ☐ Children aged 0-11 years (Family 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)
- ☐ Extended (Individuals aged 25 and over with additional complex trauma) (HCC and MHTP required)

For more information on referral eligibility criteria, please visit <https://www.nbmphn.com.au/pts>

This patient needs to return to me for a review by:

The review with the GP is required within 12 months of the referral date

Jan '25

Recommendation at the conclusion of sessions (SOS referrals only):

- ☐ GP review not required. Patient is seeking further referral through Medicare Better Access to Psychiatrists, Psychologists, and General Practitioners. Mental Health Treatment Plan must be attached.

NB: Allied Health Professionals are entirely responsible for ensuring that appropriate MBS item(s) are billed.
<http://www.mbsonline.gov.au/>

- ☒ GP review required. Patient to return to GP for review.

PATIENT INFORMATION:			
Country of Birth	<input checked="" type="checkbox"/> Australia <input type="checkbox"/> Other (please specify) _____		
Aboriginal/Torres Strait Islander	<input checked="" type="checkbox"/> Neither <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Unknown		
Marital Status	<input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married/De facto <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Unknown		
Homelessness	<input checked="" type="checkbox"/> Stable Housing <input type="checkbox"/> Short term/emergency accommodation <input type="checkbox"/> Sleeping rough		
Labour Force Status	<input type="checkbox"/> Employed full time <input checked="" type="checkbox"/> Employed Part time <input type="checkbox"/> Unemployed <input type="checkbox"/> Not in the labour force <input type="checkbox"/> Unknown		
Source of Income	<input checked="" type="checkbox"/> Paid employment <input type="checkbox"/> Disability Support Pension <input checked="" type="checkbox"/> Other pension <input type="checkbox"/> Compensation payments <input type="checkbox"/> Other (super, investments, etc.) <input type="checkbox"/> Nil income <input type="checkbox"/> Unknown		
NDIS Participant	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Preferred Mode of Service Delivery	<input checked="" type="checkbox"/> Face to Face <input type="checkbox"/> No preference <input type="checkbox"/> Telehealth
Last outcome measure	<input type="checkbox"/> K10 <input type="checkbox"/> K5 <input type="checkbox"/> SDQ Score: <u>PASS-21 2/05</u> Date Administered: <u>11/9/24</u>		
Diagnosis	<u>depression + anxiety.</u>		
KEY SUPPORTS: Patient has given consent for GP/Provider to contact support person: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Name:	<u>Hayden White</u>		Phone: <u>0473 235 401</u>
Relationship to patient:	<u>Husband</u>		
OTHER MENTAL HEALTH PROFESSIONALS CURRENTLY INVOLVED (e.g. psychiatrist, social worker)			
Name:			Phone:
Name:			Phone:

Dr Philip Dalley MB BS FRACGP BSc(Bio)
 Provider No. 5047755T
 Glossodia Medical Practice
 Shop 3, 162 Golden Valley Drive
 Glossodia NSW 2756
 Ph: (02)4576 7499 Fax: (02)90090691

GP Signature or Stamp:

[Signature]

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 H. White Date 11/9/24

Consent for Patient under 18 years of age:

Parent/Guardian/Carer Name: _____
 Contact number: _____ Email: _____
 Signature _____ Date _____

Glossodia Medical Practice

3/162 Golden Valley Drive
Glossodia NSW 2756

Phone: (02) 4576-7499 Fax: (02) 9009-0691

Dr Philip Dalley
MB BS FRACGP BSc (Bio)
5047755T

11/9/2024

Ms Michelle Hookham
Hawksbury Hospital
6 Christie Street
WINDSOR NSW 2756
Phone: (02) 4577-4435
Fax:

Dear Michelle,

Re: Mrs Michelle White (DOB: 6/9/1984)
1271 Upper Colo Road
UPPER COLO NSW 2756,
Phone: 0474332048

Thank you for seeing Mrs Michelle White, age 40yrs, for opinion and management. Your continued care of Michelle under General steam review, NBM 10959, is greatly appreciated.

Past History:

Active:

Date	Condition -- Comment
0	Asthma
0	Mixed depression anxiety
2013	CIN 2 LLETZ procedure
2014	Vitamin D deficiency
2021	UTI (Urinary Tract Infection)
2023	Iron deficiency - anaemia

Inactive:

Date	Condition -- Comment
1998	Tonsillectomy
2011	CIN 2 LLETZ
2011	Lactose intolerance
2014	Iron deficiency
2021	Mastitis

Allergies/Adverse Reactions:

No known allergies/adverse reactions.

Current Medications:

Drug Name	Strength	Dosage	Reason	Last script
FERRO-LIQUID Oral Liquid (Ferrous sulfate)	30mg/mL	daily m.d.u.	Iron deficiency - anaemia	29/05/2024

Should any of the above need clarification, please feel free to contact me on Telephone 0245767499, or
E-mail me at

Thank you for your care and assistance. I look forward to hearing the outcome of Michelle's attendance.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'P Dalley', written in a cursive style.

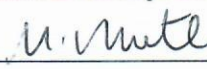

Dr Philip Dalley.

MENTAL HEALTH PLAN

Patient Name	Mrs Michelle White	OUTCOME TOOL	SCORE
DOB	6/9/1984	DASS-21	4/3/16
Date of Mental Health Plan	Wednesday, 13 March 2024; R/V #1 11/09/2024		
GP	Dr Philip Dalley		

Problem	Goal	Action/task (e.g psychological or pharmacological treatment, referral, engagement of family and other supports)
Number 1		
Symptoms of emotional distress, low mood, anxiety, low appetite, sleep disturbances, and unintended weight loss on the background of iron deficiency anaemia and mixed depressive anxiety disorder. Centrelink not enough to cover the house, husband off work and recent operative management, and Michelle starting a new job this Friday.	Creating better habits. Internal voice currently a bit jaded, needs a refresher.	Psychotherapy.
Number 2		
Number 3		
Emergency Care		
Hayden White (husband) 0473 235 401		

Patient Education (Please tick)	Yes	Key Family contact/support
Copy of MH plan given to patient	Yes	Hayden White (husband) 0473 235 401

I understand the above Mental Health Plan and agree to the outlined goals/actions.		
Patient signature		Date: 11/09/2024
GP signature		Date: 11/09/2024
Date for Mental Health Review (between 1 - 6 months)		
Notes		
MHTP R/V #1 11/09/2024: DASS-21=2/0/5, things improving, but would like to continue seeing Michelle (and I am happy with, and support, this). Your continued care is greatly appreciated.		