YCHOLOGICAL THERAPY SERVICES
ferral Form

pnn NEPEAN BLUE MOUNTAINS

Wentworth Healthcare
Blue Mountains | Hawkesbury | Lithgow | Penrith

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

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

'hone: 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
21/10/2024	J.McG	1965	F	2756	NBM: 10778

PTS Practitioner Details

Name: Michelle Hookham Contact Number: 0423 162 001

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: 01/04/2025
The review with the GP is required within 12 months of the referral date

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	☑ Australia ☐ Other (please specify) _____		
Aboriginal/Torres Strait Islander	☑ Neither ☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Unknown		
Marital Status	☐ Never Married ☐ Married/De facto ☐ Widowed ☑ Divorced ☐ Separated ☐ Unknown		
Homelessness	☑ Stable Housing ☐ Short term/emergency accommodation ☐ Sleeping rough		
Labour Force Status	☐ Employed full time ☐ Employed Part time ☐ Unemployed ☑ Not in the labour force ☐ Unknown		
Source of Income	☐ Paid employment ☐ Disability Support Pension ☑ Other pension ☐ Compensation payments ☐ Other (super, investments, etc.) ☐ Nil income ☐ Unknown		
NDIS Participant	☐ Yes ☑ No ☐ Unknown	**Preferred Mode of Service Delivery**	☑ Face to Face ☐ No preference ☐ Telehealth
Last outcome measure	☑ K10 ☐ K5 ☐ SDQ Score: 33 Date Administered: 1/10/2024		
Diagnosis	Post Traumatic Stress Disorder		

KEY SUPPORTS: Patient has given consent for GP/Provider to contact support person: ☐ Yes ☐ No

Name:	**Phone:**
Relationship to patient:	

OTHER MENTAL HEALTH PROFESSIONALS CURRENTLY INVOLVED (e.g. psychiatrist, social worker)

Name:	**Phone:**
Name:	**Phone:**

P Signature or Stamp: 1/10/24

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 1780

tient Consent: By consenting to this referral, I understand that all information in this referral, and any previous errals (where applicable) including my personal information, will be collected for the primary purpose of delivering e; and for the ongoing monitoring, reporting, evaluation and improvement of services. I consent with the derstanding that this information will only be used, disclosed and stored for its primary purpose, between my alth service provider(s), the Department of Health, and the Nepean Blue Mountains Primary Health Network BMPHN) 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**

nsent for Patient under 18 years of age:

Parent/Guardian/Carer Name:

Contact number: **Email:**

Signature **Date**

Patients name	Mrs Julie McGrath	Date of Birth	13/10/1965
Address	1/620 A George Street South Windsor 2756	Phone	(02) -
Carer details and/or emergency contact(s)		Other care plan Eg GPMP / TCA	YES ❑ NO ❑
GP Name / Practice	Kellyville Village Medical Centre		
AHP or nurse currently involved in patient care		Medical Records No.	

PRESENTING ISSUE(S) What are the patient's current mental health issues	depressed mood anxiety reliving past relationship trauma	
PATIENT HISTORY Record relevant biological psychological and social history of mental disorders and any relevant substance abuse or physical health problems	depression	
MEDICATIONS (attach information if required)	Atozet 10mg;80mg Tablet Cartia 100mg Tablet Jardiamet 12.5/1000 12.5mg;1000mg Tablets Pantoprazole 40mg Tablet Perindopril 4mg Tablet Sotalol 80mg Tablet venlafaxine 37.5mg	1 Tablet In the evening. 1 Tablet Daily. 1 Tablet Twice a day. 1 Tablet In the evening. 1 Tablet Daily. ½ Twice a day. daily
ALLERGIES	Nil known.	
ANY OTHER RELEVANT INFORMATION	separated from husband since 2005 myocardial infarction, pacemaker 2018 Type 2 Diabetes	
RESULTS OF MENTAL STATE EXAMINATION (record after patients has been examined	Pleasant woman of stated age who has attended requesting renewal of her Mental Health Care Plan so that she can continue to engage in regular therapy with her psychologist. Julie has a complex personal history and has needed to deal with numerous traumatic and emotinally challenging events throughout her life. She has battled with persistent depressive symptoms and struggles with anxiety. She has found regular sessions with her psychologist highly beneficial.	
RISKS AND CO-MORBIDITIES (note any associated risks and co-morbidities including suicidal tendencies and risk to others	nil	
OUTCOME TOOL USED K10	RESULTS: 33	
DIAGNOSIS	Complex Trauma Reaction; depression	

ENT NEEDS / MAIN ISSUES	to process and develop strategies to help her deal with memories of previous and significant relationship trauma to improve wellbeing
LS ord the mental health goals agreed to by the patient GP and any actions the patient will need to take	
ATMENTS tments, actions and support services to achieve nts goals	cbt ipt mindfulness supportive therapy
IS / RELAPSE uired, note the arrangements for crisis intervention or relapse prevention	
ERALS Referrals to be provided by GP, as required, in up o groups of six sessions. The need for the second o of sessions to be reviewed after the initial six ons.	
ROPRIATE PSYCHO-EDUCATION PROVIDED	Yes
ADDED TO THE PATIENT'S RECORDS	Yes
Y (OR PARTS) OF THE PLAN OFFERED TO ER PROVIDERS	Yes
PLETING THE PLAN ompletion of the plan, the GP is to record that e has discussed with the nt: assessment spects of the plan and the agreed date for review;	
red a copy of the plan to the patient and/or their (if agreed by patient)	
E PLAN COMPLETED:	01/10/2024
EW DATE (initial review 4 weeks to 6 months after letion of plan):	01/04/2025
EW COMMENTS (Progress on actions and tasks)	
COME TOOL RESULTS ON REVIEW	