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

14/10/2024

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

Dear Michelle,

Re: Noah Godsell (DOB: 22/3/2000)
47 Sommerville Road
YARRAVILLE VIC 3013,
Phone: 0474865213

Thank you for seeing Noah Godsell, age 24yrs 6mths, for opinion and management. Your continued care of him and his mental health, this time under PTS SOS through NBM LHD with referral code NBM 13488 is greatly appreciated.

Past History:

Active:

Date	Condition -- Comment
2022	Vegan diet
2024	Vitamin D deficiency

Inactive:

Date	Condition -- Comment
2000	Premature birth 34/40
2004	Grommet insertion
2008	Asthma

Allergies/Adverse Reactions:
No known allergies/adverse reactions.

Current Medications:

Drug Name	Strength	Dosage	Reason	Last script
ABILIFY Tablet (Aripiprazole)	10mg	1 nocte m.d.u.		26/08/2024
MIRTAZAPINE OralDisTab (Mirtazapine)	15mg	0.5 nocte	Depression	13/09/2024
OSTELIN VITAMIN D3 Capsule (Colecalciferol)	1,000 units (25mcg)	1 daily	Vitamin D deficiency	29/08/2024
SERTRALINE Tablet (Sertraline (as hydrochloride))	100mg	1 nocte	Depression	25/09/2024

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 Noah's attendance.

Yours sincerely,

Dr Philip Dalley.

PSYCHOLOGICAL THERAPY SERVICES
Referral Form

phn NEPEAN BLUE MOUNTAINS An Australian Government Initiative

Wentworth 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	Patient Gender	Patient Postcode	PTS REFERRAL CODE
14/10/24	NL	2000	M	2753	NBM: 13488

PTS Practitioner Details

Name: Michelle Hoolihan Contact Number: 4577-4435

Fax/Email: health@michellehoolihan.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: 14/11/2024
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 03955-21 Score: 12/12/13	Date Administered: Phone 10/5/24.	
Diagnosis	Depression +/- episodes of ?? bipolar on ISU self-reported FEP		

KEY SUPPORTS: Patient has given consent for GP/Provider to contact support person: ☐ Yes ☐ No	
Name: Emma Godsell	**Phone:** 0492 904 184
Relationship to patient: Mum	
OTHER MENTAL HEALTH PROFESSIONALS CURRENTLY INVOLVED (e.g. psychiatrist, social worker)	
Name: Dr Ola Krupinska	**Phone:** 0407 063 305.
Name:	**Phone:**

GP Signature or Stamp:

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

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 Verbal Consent (PM) **Date** 14/10/24.

Consent for Patient under 18 years of age:

Parent/Guardian/Carer Name: _____

Contact number: _____ **Email:** _____

Signature _____ **Date** _____

SOS Risk Assessment Tool

Consumer Name: Noah Hodsell DOB: 22/3/2000 Date: 14/10/24.

Risk Assessment must be attached to the SOS Service Referral Form sent to the SOS Provider

Wentworth Healthcare
Blue Mountains | Hawkesbury | Lithgow | Penrith

PRESENTING ISSUE	HIGH RISK	MODERATE RISK	LOW RISK
Suicide / self-harm history - Previous attempts or exposure to attempts - Lethality	Family history of suicide; Previous/recent attempt/s of moderate-high lethality Current attempt of high lethality; Repeated self-harm	Multiple attempts of low lethality; Repeated threats; Infrequent self-harm.	Nil or vague thoughts; No recent attempt or 1 recent attempt of low lethality and low intentionality.
Intent / Plan / Thoughts - Access to means - Clear plan - Evidence of clear intention - Suicidal thoughts	Continual / specific thoughts; Evidence of clear intention; Access to means; A well-developed plan.	Frequent thoughts; A plan that is not fully developed; Potential access to means; Ambivalent desire to end their life.	Nil or vague thoughts; No real plan; No intention to end their life.
Long standing problems - History of mental illness - History of sexual/physical abuse or neglect - Domestic violence - Family breakdown, child custody issues - Financial difficulties, unemployment, homeless - Serious physical illness/disabilities - Developmental differences - Chronic pain or illness - Drug and/or alcohol abuse	Several factors in this list are present.	Some factors in this list are present.	Nil or 1 factor in this list is present.
Psychological factors - Depression / hopelessness / isolation / anger - Psychotic symptoms - Stressors in last 6 months (e.g. recent crisis, major loss or trauma, or anniversary) - Carer responsibilities	Severe depression; Command hallucinations or delusions about dying; Preoccupied with hopelessness, despair, feelings of worthlessness; Severe anger, hostility; High level of stressors in last 6 months.	Moderate depression; Some sadness; Some symptoms of psychosis; Some feelings of hopelessness; Moderate anger, hostility; Moderate level of stressors in last 6 months.	Nil or mild depression; Nil or mild sadness; No psychotic symptoms; Feels hopeful about the future; Nil/mild anger, hostility; Nil or mild stressors in last 6 months.
Lack of strength & supports - Availability of supports - Stability of employment and relationships	Unemployed; Lack of supportive and stable relationships / hostile relationships; Others not available or unwilling / unable to help.	Employment either unstable or unsatisfying; Few relationships lacking stability; Others available but unwilling / unable to help consistently.	Stable satisfying employment/study; Stable relationship/s; Support from others that are willing and able to help consistently.
Other known risks / Additional Notes:			
RISK ASSESSMENT **Crisis Services** **ACCESS Team: 1800 011 511** **Police, Fire & Ambulance: 000** **SOS Referral: 1800 223 365**	**Most** of the Issues above rate in the High category. Refer to Crisis Services.	**Most** of the Issues above rate in the Moderate Category: Refer to SOS Service	**Some** of the Issues above rate in the Low category: Refer to SOS Service
	Some of the Issues above rate in the High category: Refer to SOS Service or Crisis Service if immediate risk is present.	**Some** of the Issues above rate in the Moderate category: Refer to SOS Service.	**Most** of the Issues above rate in the Low category: Refer to PTS, Medicare or Community Health Central Intake 1800 222 608 or Private services.

Wentworth Healthcare

Blue Mountains | Hawkesbury | Lithgow | Penrith

SOS Service
Patient Eligibility Criteria

Inclusion:

- ☐ People at low to moderate risk of suicide who have been discharged into the care of a general practitioner from hospital, including emergency departments or from a hospital/medical ward following an overnight admission after a suicide attempt;
- ☑ People who have expressed suicidal ideation;
- ☐ People who have presented to their GP after an incident of suicidal behaviour or acting out suicidal intention;
- ☐ People who have been assessed by the acute MHT as not in need of inpatient care or case management;
- ☑ Aged 14+.

Exclusion:

- ☐ People at high risk of suicide requiring immediate intervention;
- ☐ People in the care of an existing public health service who present with long lasting and chronic mental health disorders;
- ☐ People experiencing active psychotic features.

NB: These forms are for your patient record + copy sent to the SOS Provider

Wentworth Healthcare Limited (ABN 88 155 904 975) provider of the Nepean Blue Mountains PHN.

phn NEPEAN BLUE MOUNTAINS

An Australian Government Initiative