# 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.

medicare local
NEPEAN-BLUE MOUNTAINS
*Connecting health to meet local needs*

**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 |
|---|---|---|---|---|---|
| 29/11/2024 | MJ | 30/09/1985 | F | 2756 | NBm14149 |

ATAPS Provider Name: Michelle Hookham

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: General

**This referral is valid for 2 months and expires on:** 01/01/2025
*The first ATAPS session must occur on or before the expiry date*

**This patient needs to return to me for a review by:** 01/02/2025
*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
Depression, Anxiety Disorder

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*