

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
10/7/25	MW	1984	F	2756	NBM: 16415

PTS Practitioner Details

Name: Michelle Hookham Contact Number: _____

Fax/Email: _____

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, HCC and 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 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

3 months

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.

Glossodia Medical Practice

3/162 Golden Valley Drive
Glossodia NSW 2756

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

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

10/7/2025

Ms Michelle Hookham  
Hawkesbury 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 10mths, for opinion and management. Your continued care of her and her mental health through the NBM PHN PTS Extended stream with confirmation code NBM 16415 is greatly appreciated.

## **Past History:**

### **Active:**

| <b>Date</b> | <b>Condition -- Comment</b>                              |
|-------------|----------------------------------------------------------|
| 0           | Asthma                                                   |
| 0           | Mixed depression anxiety                                 |
| 2013        | CIN 2<br>LLETZ procedure                                 |
| 2014        | Vitamin D deficiency                                     |
| 2023        | Iron deficiency - anaemia                                |
| 2025        | Premenstrual dysphoric disorder<br>provisional diagnosis |

### **Inactive:**

| <b>Date</b> | <b>Condition -- Comment</b>                    |
|-------------|------------------------------------------------|
| 1998        | Tonsillectomy                                  |
| 2011        | CIN 2<br>LLETZ                                 |
| 2011        | Lactose intolerance                            |
| 2014        | Iron deficiency                                |
| 2014        | Post Natal Depression<br>~2yrs post each birth |
| 2021        | Mastitis                                       |
| 2021        | UTI (Urinary Tract Infection)                  |

## **Allergies/Adverse Reactions:**

No known allergies/adverse reactions.

|  |                    |         |        |
|--|--------------------|---------|--------|
|  | Mrs Michelle White | DASS-21 | 4/6/17 |
|  | 06/09/1984         |         |        |
|  | 10/07/2025         |         |        |
|  | Dr Philip Dalley   |         |        |

| Problem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Goal                                                                                                             | Action/task<br>(e.g psychological or pharmacological treatment, referral, engagement of family and other supports) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| A lot going on with worsening mental health with symptoms this year of uncontrollable rage amongst others, including likely PMDD.<br>(Previously: 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.) | To improve uncontrollable rage. Creating better habits. Internal voice currently a bit jaded, needs a refresher. | Psychotherapy.                                                                                                     |
| PMDD (provisional diagnosis) (criteria A, B2, 3 (sometimes), 4, C2, 6, 7, D, not likely another disorder, but need to keep prospective daily ratings to confirm F).                                                                                                                                                                                                                                                                                                                             | To improve symptoms.                                                                                             | CBT.<br>Mindfulness.<br>Trial of COCP for additional benefit of contraception.                                     |
| Hayden White (husband) 0473 235 401                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                  |                                                                                                                    |

|                                  |     |                                     |
|----------------------------------|-----|-------------------------------------|
| Patient Education (Please tick)  | Yes |                                     |
| Copy of MH plan given to patient | Yes | Hayden White (husband) 0473 235 401 |

|                                                      |                    |                  |
|------------------------------------------------------|--------------------|------------------|
| Patient signature                                    | <i>M. White</i>    | Date: 10/07/2025 |
| GP signature                                         | <i>[Signature]</i> | Date: 10/07/2025 |
| Date for Mental Health Review (between 1 - 6 months) |                    |                  |