



ADVANCE MEDICAL PRACTICE

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Riverview Shopping Centre
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18/09/2025

Michelle Hookham
6 Christie St
Health@Michellehookham.Com.Au
Windsor. 2756
Phone: 02 4577 4435

re. **Ms Julie Fink**
18 Harris Street
Windsor. 2756

Dear Michelle,

Thank you for seeing Julie Fink for ongoing opinion and management under MHNIP - NBM 17078. I would appreciate your management.

Her current medications are:

| | |
|--|------------------------------------|
| Atorvastatin 20mg Tablet | 1 Tablet Daily. |
| Diabex XR 1000 1g Tablet, extended release | Twice a day. |
| Olmotec 20mg Tablet | 1 Tablet Daily. |
| Ozempic 1.34mg/mL 1mg/dose Pen device | 1 Syringe Once a week As directed. |
| Zoton FasTabs 30mg Orally disintegrating tablets | 1 Tablet Daily. |

Allergies:
Nil known.

Past Medical History:

| | |
|------------|--|
| | Complex trauma |
| | Iron deficiency anaemia |
| | Cystocele |
| | Type 2 Diabetes Mellitus |
| | Left Adhesive capsulitis of the shoulder |
| | Left Frozen shoulder |
| | Borderline personality disorder |
| | PTSD |
| | GORD |
| | Reflux oesophagitis |
| | Thalassaemia trait |
| 10/03/2017 | Dyslipidaemia |
| 24/04/2017 | Mirena insertion |
| 26/10/2017 | Nausea |
| 23/10/2018 | Back pain radiating to leg |

14/11/2019 Recurrent thrush
14/11/2019 Thrush, vaginal
21/11/2019 Insomnia
20/02/2020 Pharyngitis, bacterial

Yours faithfully,



Dr Zakir PARVEZ
MBBS, DCH, FRACGP
249517MY

**GP MENTAL HEALTH CARE PLAN
PATIENT ASSESSMENT**

| | | | |
|---|-------------------------------------|----------------------------------|---|
| Patients name | Ms Julie Fink | Date of Birth | 07/02/1971 |
| Address | 18 Harris Street Windsor 2756 | Phone | 4577 5097 |
| Carer details and/or emergency contact(s) | | Other care plan Eg GPMP / TCA | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| GP Name / Practice | Advance Medical Practice Windsor | | |
| AHP or nurse currently involved in patient care | | Medical Records No. | 742 |

PRESENTING ISSUE(S)

What are the patient's
current mental health
issues

PATIENT HISTORY

Record relevant biological
psychological and social
history of mental disorders
and any relevant
substance abuse or
physical health problems

MEDICATIONS

(attach information if
required)

| | |
|---|------------------------------------|
| Atorvastatin 20mg Tablet | 1 Tablet Daily. |
| Diabex XR 1000 1g Tablet, extended release | Twice a day. |
| Olmotec 20mg Tablet | 1 Tablet Daily. |
| Ozempic 1.34mg/mL 1mg/dose Pen device | 1 Syringe Once a week As directed. |
| Zoton FasTabs 30mg Orally disintegrating tablets | 1 Tablet Daily. |

ALLERGIES

Nil known.

**ANY OTHER RELEVANT
INFORMATION**

**RESULTS OF MENTAL
STATE EXAMINATION**

Record after patients has
been examined

RISKS AND

CO-MORBIDITIES

Note any associated risks
and co-morbidities
including suicidal
tendencies and risk to
others

OUTCOME TOOL USED RESULTS:

DIAGNOSIS

PATIENT NEEDS / MAIN ISSUES

GOALS

Record the mental health goals agreed to by the patient and GP and any actions the patient will need to take

TREATMENTS

Treatments, actions and support services to achieve patients goals

CRISIS / RELAPSE

If required, note the arrangements for crisis intervention and/or relapse prevention

REFERRALS

Note: Referrals to be provided by GP, as required, in up to two groups of six sessions. The need for the second group of sessions to be reviewed after the initial six sessions.

| | |
|--|-----|
| APPROPRIATE PSYCHO-EDUCATION PROVIDED | Yes |
| PLAN ADDED TO THE PATIENT'S RECORDS | Yes |
| COPY (OR PARTS) OF THE PLAN OFFERED TO OTHER PROVIDERS | Yes |
| COMPLETING THE PLAN | |

On completion of the plan, the GP is to record that she/he has discussed with the patient:

- the assessment
- all aspects of the plan and the agreed date for review; and
- offered a copy of the plan to the patient and/or their carer (if agreed by patient)

DATE PLAN COMPLETED: 18/09/2025

REVIEW DATE (initial review 4 weeks to 6 months after completion of plan):

REVIEW COMMENTS (Progress on actions and tasks)

OUTCOME TOOL RESULTS ON REVIEW

MHNIP

PSYCHOLOGICAL THERAPY SERVICES
Referral Form

This referral is only valid with a PTS Referral Code, obtained from Nepean Blue Mountains PHN.
Form is to be sent to the AHP with a 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 | M/F | Patient Postcode | PTS Referral Code |
|------------------|------------------|---------------|--------|------------------|-------------------|
| 18/09/2025 | Ms Julie Fink | 07/02/1971 | Female | 2756 | NBM 17078 |

GP Provider / Fax

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 Focused Psychological Strategies (FPS).

Mental Health Treatment Plan/Review required for all patients except those being referred to Bushfire/Flood Streams.

- General / new patients affected by the COVID-19 pandemic (No HCC required)
- Bushfire or ☐ Flood (No HCC or MHTP required)
- Young people 12-25 years old across the region (HCC and MHTP required)
- Perinatal (HCC and MHTP required)
- Aboriginal and 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)
- PTS Extended (Individuals aged 25 and over with additional complex trauma) (HCC and MHTP required)
- PTS Child Services (Family HCC and MHTP required)

This referral is valid for 2 months and expires on:
The first PTS session must occur on or before the expiry date
This patient needs to return to me for a review by:
The review with the GP required within 6 months of the referral date

Diagnosis (select all applicable)
☐ Depression ☐ Psychotic disorder ☐ Anxiety disorder
☐ Unexplained somatic disorder ☐ Social phobia
☐ PTSD or disclosed complex trauma
Other (please list)

Preferred mode of service delivery
☒ Face to Face ☐ Telehealth ☐ No preference

Signature or Stamp:



ADVANCE MEDICAL PRACTICE
Dr Zakir Parvez
MBBS, FRACGP, Dip.Child Health
Provider No: 249517MY
Riverview Shopping Centre
Shop 26, 227 George St, Windsor 2756
Tel: 02 4577 2677 Fax: 02 4577 9722

18/09/2025

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 related 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

Patient Signature: _____ Date: 18/09/2025

Consent for patient under 18 years of age:

Parent/Guardian/Carer name:

Contact Number: _____ Email: _____

Signature: _____ Date: _____

Referral Requirements:

PTS underserved and hard to reach population groups: (5 sessions per referral, and eligible for one re-referral)

Aboriginal and Torres Strait Islander origin - individuals whom identify as Aboriginal and/or Torres Strait Islander and require access to psychological therapy **(No Healthcare or Pension Card required)**.

Perinatal – women whom are pregnant, or have had a child within the past 12 months and require access to psychological therapy (Healthcare, Pension or Family HCC required). •**Alcohol & Other Drugs**

- requires a person to have a co-existing substance use and mental health issue, both of which are clinically and/or socially significant. Please note: the person engaging in therapy sessions must not be under the influence of AOD (Healthcare or Pension card required). •**Carers** - people who provide personal

care, support and assistance to another individual due to disability, medical condition (including terminal or chronic illness), mental illness or are frail and aged. A person is not eligible if they provide care for payment, as a volunteer for an organisation, or as part of the requirements of a course of education or training (Healthcare or Pension card required). •**Lesbian,**

Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI) people – individuals whom identify as LGBTQI, or have concerns related to their experience of sexuality or gender (Healthcare or Pension card required).

Young People aged 12 – 25 years (Healthcare, Pension or Family HCC required).

General / New patients affected by the COVID-19 pandemic:

(5 sessions per referral, and eligible for one re-referral)
People who have not accessed PTS since 2020 and have had their mental health affected by the COVID-19 pandemic (No HCC or Pension card required).

Mild Psychological Services:

(5 sessions per referral, and eligible for one re-referral)
Children under 12 years of age, who have or are at risk of developing a mild to moderate mental health, behavioural or emotional disorder and are likely to benefit from short term intervention (Family HCC or Pension card required).

Extended/Longer term Therapy Services:

(10 hours per referral and eligible for one re-referral each calendar year for up to two years)
Individuals living with moderate to severe mental illness with added complexity e.g. trauma, and people with severe or complex presentations that do not require substantial clinical care coordination. •**Must be 25 years of age or older and possess a HCC or Pension card.**

Bushfire / Flood: (10 sessions until June 2023)

A Bushfire / Flood PTS stream is available to anyone in our region experiencing high levels of distress resulting from recent bushfires or floods. For example, people who have experienced loss of property, loss of business income, or have experienced significant mental health impacts as a result of the threat of bushfire flood, which could be from past trauma.

No Healthcare or Pension card required
No Mental Health Care Plan is required, however GP may complete one at their discretion.