

BOIMHC MENTAL HEALTH 3 STEP PROCESS

PART 2 - PLAN 14.10.25

Patient Name	Ms Kim Rogers 45713752	Date of Birth	06/04/1958
GP	Dr Marie Tan-Paredes 0291618086	Outcome Tool Used	k10 and DASS 21
Date of Plan	14.10.25	Date of Review	
Outcome tool result at assessment	DASS 21 D 28 A8 S 28 K10 K10- 38/50	Result at review	Depression scored 20 (Moderate) Anxiety scored 20 (Extremely Severe) Stress scored 34 (Extremely Severe) K10 Assessment: Score 29.

	GOAL	PLAN	REVIEW
Problem/Diagnosis	(eg reduce symptoms, improve functioning)	Action/ Task (eg Refer for Allied Health, or pharmacological treatment, or engagement of family and other supports)	
1.General Anxiety Disorder	Identify the stressors Reduce the symptoms Improve functioning Managing negative thoughts walking daily 15-30 mins gym 2-3 times per week	Attend counselling session with psychologist Review after 3-4 session	Psychologist - Ms.Michelle Hookham GP medication - started 30.9.25
2.Depressive Mood /PTSD	Identify the stressors reduce symptoms planning positive activities smiling mind app daily 10 mins breathing exercises , relaxation techniques	Attend counselling session with psychologist Review after 3-4 session	Psychologist - Ms. Michelle Hookham GP
3ADHD	minimise symptoms	attend psychiatrist and psychologist review after 3-4 sessions medications nil atm reg fasting bloods and ECG	psychologist - Michelle Hookham GP psychiatrist DR. Mallick pt has ceased meds for ADHD due to side effects

For which Access to Allied Health Service is the person being referred? (Multiple responses allowed)

Diagnostic assessment Yes / Psycho-education Yes / Interpersonal Therapy Yes /

Cognitive Behavioural Therapy (CBT): Behavioural interventions Yes / Cognitive interventions Yes /

Relaxation strategies Yes / Skills training Yes /

Other CBT interventions (please specify):

Other - please specify:

If referring for CBT program - Consent form signed by patient Yes /

Relapse Prevention Plan (if appropriate)

Emergency Care

NSW – 1800 011 511 – Mental Health Line

Patient Education	Yes	Copy of MH plan given to patient	Yes
Does the patient understand their condition?	yes		

I understand the above Mental Health Plan and agree to the outlined goals/actions

Patient Signature:

Kemi Rogers

Date: 14.10.25

GP Signature:

[Signature]

Date: 14.10.25

Date for Mental Health Review (between 1 – 6 months):

6-12 weeks

MBS Item Numbers for Review by GP: Level C 2574 surgery and 2575 elsewhere; Level D 2577 surgery and 2578 elsewhere.
This document will be maintained in accordance with the relevant Privacy Legislation.

Myhealth North Richmond

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Correspondence to:
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14/10/2025

Michelle Hookham
Old Hawkesbury Hospital
6 Christie St
Windsor. 2756
Phone: 02 4577 4435
email: health@michellehookham.com.au

re. **Ms Kim Rogers**
06/04/1958
31a Bradley Road
North Richmond. 2754
0422754800

Dear Michelle,
re: MHcare plan x6 sessions
NBM17273

Thank you for seeing Kim Rogers for an opinion and management. 67 yr old with anxiety/PTSD and ADHD, as you know she didn't like the side effects of her ADHD meds. She has been advised to see Dr. Malkan - psychiatrist about this, but will think about it. We have restarted on sertraline. She has recently been distressed due to an incident she experienced wherein she has been duped by an online scammer and has lost some of her superannuation money. Your help would be greatly appreciated for her cares. Kindly send me correspondence of her progress.

Her current medications are:

Sertraline 50 mg daily	
Coversyl 5mg Tablet (Perindopril Arginine)	1 Tablet Daily.
Prolia 60mg/mL Injection (Denosumab)	Every 6 months.

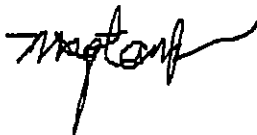
Allergies:

Nil known.

Past Medical History:

	Anxiety/PTSD
	Hypertension
	Osteoporosis
	Vaginal prolapse
28/10/2021	ADHD

Yours faithfully,



Dr Marie Tan-Paredes
MBBS, DCH, FRACGP
2813939B

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

*Ms. Michelle
Fookhan*

Date of Referral	Patient Initials	Year of Birth	Patient Gender	Patient Postcode	PTS REFERRAL CODE
14/10/25	KR	1958	F	2754	NBM: 17273

PTS Practitioner Details

Name: Dr Marie Tan-Paredes Contact Number: 91618086

Fax/Email: northrichmondreception@myhealth.net

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 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: _____

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:			
Marital Status	<input type="checkbox"/> Never Married <input type="checkbox"/> Married/De facto <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Unknown		
Homelessness	<input checked="" type="checkbox"/> Stable Housing <input type="checkbox"/> Short term/emergency accommodation <input type="checkbox"/> Sleeping rough		
Labour Force Status	<input type="checkbox"/> Employed full time <input checked="" type="checkbox"/> Employed part time <input type="checkbox"/> Unemployed <input type="checkbox"/> Not in the labour force <input type="checkbox"/> Unknown		
Source of Income	<input checked="" type="checkbox"/> Paid employment <input type="checkbox"/> Disability Support Pension <input type="checkbox"/> Other pension <input type="checkbox"/> Compensation payments <input type="checkbox"/> Other (super, investments, etc.) <input type="checkbox"/> Nil income <input type="checkbox"/> Unknown		
NDIS Participant	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Preferred Mode of Service Delivery	<input checked="" type="checkbox"/> Face to Face <input type="checkbox"/> No preference <input type="checkbox"/> Telehealth
Last outcome measure	<input checked="" type="checkbox"/> K10 <input type="checkbox"/> K5 <input type="checkbox"/> SDQ Score: <u>1410 38/50</u> Date Administered: <u>30/9/20</u>		
Diagnosis	<u>anxiety, PTSD, ADHD</u>		
KEY SUPPORTS: Patient has given consent for GP/Provider to contact support person(s): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Name: <u>Elisha Eldering</u>		Phone: <u>0416 602 776</u>	
Relationship to patient: <u>daughter</u>			
Name:		Phone:	
Relationship to patient:			
OTHER MENTAL HEALTH PROFESSIONALS CURRENTLY INVOLVED (e.g. psychiatrist, social worker)			
Name:		Phone:	
Name:		Phone:	

GP Signature or Stamp:

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: Kim Rogers

Date 14/10/20

Consent for Patient under 18 years of age:

Parent/Guardian/Carer Name: _____

Contact number: _____

Email: _____

Signature _____

Date _____