Mental Health Nurse Incentive Program Referral Form

Please contact 1800 223 365 to obtain referral code

Referral form and mental health treatment plan to be sent directly to the Mental Health Nurse.

Wentworth Healthcare

Blue Mountains | Hawkesbury | [illegible]

Referral Date	Patients initials	Year of Birth	M / F / Other	Postcode
19/12/23	SG	1977	F	2756

MHNIP Referral Details:

Referral Code	Nurse Name	Phone	Fax / Email
NBM10293	MICHELLE HOOKHAM	4577-4435	health@michellehookham.com.au

Eligibility Criteria (The patient must meet all of the criteria to be eligible for MHNIP

Criteria 1*	Criteria 2*	Criteria 3*	Criteria 4*
☑ The patient has been diagnosed with an eligible mental health disorder: **List diagnosis:** Depression PTSD	☑ The disorder causes significant disablement to the patients social personal and occupational functioning	☑ the patient is expected to require continuing treatment and management of their mental health disorder over the next two years	☑ The patient has experienced at least one episode of hospitalization for treatment of mental health disorder, or is at risk of requiring hospitalisation in the future if appropriate treatment and care is not provided

Additional information to support patient:

Does the patient speak a language other than English? NO

Does the patient live alone? Yes

Has the patient received specialist mental health care before? Public, Private, Medical, Allied Health

Is the patient receiving medication? Benzodiazepines, Anti-Depressants, Antipsychotics, Mood Stabilisers

Is there a history of aggression (physical or verbal) towards health professionals? *(For safety assessment purposes. Will not affect acceptance of referral)* NO

Reason For Referral

Depression with significant stressors, lives alone, lacks social support.

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 /Date:

GP signature (provide GP Details or stamp):

DR MICHELLE LI
Shop 10 Bligh Park Shopping Centre
Bligh Park 2756
Phone: 02 4572 7222
Provider No: 287071BH

phn NEPEAN BLUE MOUNTAINS
An Australian Government Initiative

GP Mental Health Care Plan (MBS Item No 2715)
Patient Assessment

ASSESSMENT Date:	19/12/2023		

Referring GP Details

Name	Dr Yan Yan Michelle Li	GP Provider No.	287071BH
Address	Shop 10, Bligh Park Shop Centre BLIGH PARK NSW 2756	Phone	(02) 4572 7222
		Fax	4572 0230

Patient Details

Name	Mrs Selena Glover	Phone	0431730774
Address	32 Neptune Cres BLIGH PARK NSW 2756	Other Care Plan	No
DOB	10/8/1977		

Psychologists Details

Name	Michelle Hookham	Phone	02 4577 4435
Address	Old Hawkesbury Hospital 6 Christie St WINDSOR NSW 2756	Fax	

Speak English	very well		well	x	not well		none		
Other languages spoken at home	Specify:								
Live on their own	Yes	x	No		Unknown				
Low Income Earner	Yes	x	No		Unknown				
Previous Specialist Mental Health Care	Yes		No		Unknown				
Highest Education Level	Primary		Up to Yr 10		Yr 11				
	Yr 12		Tertiary						
Primary Diagn. Category (ICD 10)	Alcohol & Drug Use F1		Psychotic F2		Depression F3				
	Anxiety F4		Unexplained Somatic F5		Other (specify)				
Intervention Requested for patient treatment (more than one can be req)	Diagnostic Assessment		Psycho Education	x	Interpersonal Therapy		Other (specify)		
	Behavioural Interventions		Cognitive Interventions	x	Relaxation Strategies		Skills Training		

Presenting Issues (e.g. presenting problems) Needs ongoing psychological support for depression and PTSD. Has significant stressors and lives alone with little social support.

(family/personal history, drug/alcohol use, social situation (work, home)family history:Hypertension, diabetes

sister (aged 58) -breast cancer diagnosed in 2022
bowel cancer- multiple extended family
father- melanoma

Patient History: *Active:*

Date	Condition -- Comment
2022	Hysterectomy - Total
2023	Anxiety
2023	Depression
2023	Diabetes Mellitus - Type II
2023	Diabetic Retinopathy - Proliferative known to Dr. Alison Chiu, to see Prof. Mitchell for injectable treatments
2023	Fibroadenoma (Right)
2023	Hypertension first diagnosed aged 30 but had fluctuating BP since early teenage years
Inactive:	PTSD (post-traumatic stress disorder)

Date	Condition -- Comment
1990	Oophorectomy (Right)

Medications:

Drug Name	Strength	Dosage
COVERAM Tablet	10mg/10mg	1 mane m.d.u.
EFEXOR-XR Capsule	150mg	1 daily m.d.u.
EFEXOR-XR Capsule	75mg	1 daily m.d.u.
GLICLAZIDE MR Tablet	60mg	1 b.d. c.c.
JARDIAMET Tablet	12.5mg/1,000mg	1 b.d. m.d.u.
LIPIDIL Tablet	48mg	1 nocte m.d.u.

Allergies: No known allergies/adverse reactions.

Relevant Physical & Mental Health Examination (Risk Assessment) incl 1st K10 score =

Mental Status Examination (very brief details, two or three words)

Appearance & Behaviour:	casual	Mood:	Low
Thinking:	Clear	Affect:	Flat
Perception:	Normal	Sleep:	Normal
Anhedonia:	Present	Appetite:	Normal
Attention / Concentration:	Normal	Motivation/Energy:	Low
Memory:	Normal	Judgement/Insight:	Clear
Orientation:	Clear	Speech:	Normal

Diagnosis: depression, PTSD

Plan

PROBLEMS/ISSUES	GOAL (e.g. reduce symptoms, improve functioning)	ACTION / TASK/ REFERRALS (e.g. Referral for Allied Health, or pharmacological treatment, or engagement family/other supports)
1. Depression	Ongoing psychological support	Please do sessions with this plan, then review Psychotherapy pharmacotherapy
2. PTSD	improve on function	Psychotherapy pharmacotherapy

Follow Up / Relapse Prevention Plan (if appropriate)

Telephome Numbers in event of Emergency - Mental Health Team - 1800 011 511, Lifeline - 131114

Emergency Care - 000, Suicide Callback 1300 659 467, Men's line 1300 789 978, Veteran's Line 1800 011 046 Qlife 1800 184 527, Kid's Helpline 1800 551 800; beyond blue 1300 224 636; Domestic violence 1800 737 732

Notes					
Patient Education Given	Yes	Copy of MH Plan offered to Patient / Carer	No	Copy of MH Plan given to other providers	No

I understand the above Mental Health Assessment and Plan and agree to the outlined goals / actions as discussed by r GP. We have also agreed upon a date for review.

I give my consent to share clinical notes with the Allied Health Provider

Patient signature		GP signature	

Proposed date for Mental Health Review (between 1 – 6 months)	

Review (progress on actions and tasks)	Final K10 Score	