

# Myhealth North Richmond

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[www.myhealth.net.au/north-richmond/](http://www.myhealth.net.au/north-richmond/)

13/02/2024

Michelle Hookham  
Old Hawkesbury Hospital  
6 Christie St  
Windsor. 2756  
Phone: 02 4577 4435  
Fax:

*health @ michellehookham.com.au.*

re. **Ms Kim Rogers**  
**06/04/1958**  
**31a Bradley Road**  
**North Richmond. 2754**  
**0472595962**

Dear Michelle,  
re: MHCP x6 session  
Gen Stream PHN approval number NBM 10693  
Thank you for seeing Kim Rogers for an opinion and management.  
She is a 65 yr old with anxiety , depression, PTSD and ADHD.  
DASS 21 D 22 A18 S 34 K10 and K10 33/50 . She weaned off on the antidepressant , felt unable to think clearly . She is also diagnosed with ADHD on Vyvanse 40 mg daily under Dr. Mallick. Your expert help would be greatly appreciated for her concerns. Kindly send us corr of her progress.

Her current medications are:

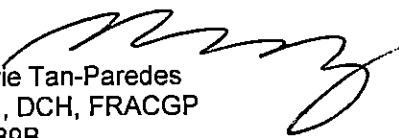
Coversyl 5mg Tablet (Perindopril Arginine)	1 Tablet Daily.
Prolia 60mg/mL Injection (Denosumab)	Every 6 months.
Vyvanse 50mg Capsules (Lisdexamfetamine dimesilate)	1 Capsule Daily.

Allergies:  
Nil known.

Past Medical History:

	Anxiety
	Hypertension
	Osteoporosis
	Vaginal prolapse
28/10/2021	ADHD

Yours faithfully,

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

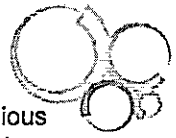
Gen Stream NBM 10693

# PTS SEEK OUT SUPPORT (SOS) Referral Form



This referral is only valid with a PTS Referral Code, obtained from Nepean Blue Mountains PHN.  
Phone: 1800 223 365 Psychological Therapy Services (PTS) dedicated referral line

SOS REFERRAL CODE: NBM 10693		DATE OF REFERRAL: 13/2/24	
AHP name: Michelle Hookham		AHP fax/phone: 4577 4435	
GP DETAILS <span style="float: right;">email: health@michellehookham.com.au</span>			
Name: Dr Marie Tan-Paredes		Practice name: MyHealth NR	
Practice phone: 91618086		Practice fax: 91618087	
PATIENT DETAILS			
Name: KIM ROGERS		DOB: 06/04/1958	
Healthcare card number: <input type="checkbox"/> N/A		Phone: 04 72 595 962	
Mental health diagnosis: Anxiety / depression / PTSD / ADHD			
Medication/s: Vyvanse 40mg daily			
KEY SUPPORTS: Patient has given consent for GP/Provider to contact support person: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Name: Elisha Eldering		Phone: 0410602776	
Relationship to patient: daughter			
OTHER MENTAL HEALTH PROFESSIONALS CURRENTLY INVOLVED (e.g. psychiatrist, social worker)			
Name: Dr Muhammad Malik		Phone: 4570 6200	
Name:		Phone:	
<b>Recommendation at the conclusion of PTS SOS sessions</b> <input type="checkbox"/> 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. <a href="http://www.mbsonline.gov.au/">http://www.mbsonline.gov.au/</a>  <input checked="" type="checkbox"/> GP review required. Patient to return to GP for review.			
REASON FOR REFERRAL			
low self esteem, no confidence, stressed grief as mother passed away			
KEY RISKS IDENTIFIED / RECENT STRESSORS			
uncert demise and loss of mother poor self confidence			
ADDITIONAL REFERRAL NOTES			



**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: Ami Rogers , Date: 13/2/24

**Consent for children and young people:**

Parent/Guardian/Carer Name: \_\_\_\_\_  
 Contact number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**Referral Requirements:**

For people at low to moderate risk of suicide or self-harm the NBMPHN Seek Out Support (SOS) service is available.

Patients are eligible to receive 7 sessions over a three-month period.

SOS eligibility:

- Patients over the age of 14
- Patients who, after a suicide attempt or self-harm incident, have been discharged into the care of a GP from hospital, or released into the care of a GP from an Accident & Emergency Department
- Patients who have presented to GP after an incident of self-harm
- Patients who have expressed thoughts of suicide or self-harm to their GP, friends or family
- The SOS Service may also provide support to those family members or carers who are considered at increased risk in the aftermath of a suicide.

The SOS Service is not designed to support Patients who are at acute and immediate risk of suicide or self-harm: These Patients should be referred without delay to the ACCESS Team (acute mental health team).

The service is not designed for Patients who are considered to be high risk of suicide or self harm

The service is not designed for Patients who are receiving ongoing management from state government mental health services or Patients who present with long lasting and chronic mental health disorders

**Alternative/crisis support:**

<p><b>Mental Health Access Line</b> 1800 011 511</p> <p>24 hour mental health referral triage service staffed by mental health professionals</p>	<p><b>Suicide Call Back Service</b> 1300 659 467</p> <p>24 hour telephone and online counselling support to people affected by thoughts of suicide or self-harm</p>	<p><b>Lifeline</b> 13 11 14</p> <p>24 hour support: Lifeline provides suicide prevention services to people experiencing a personal crisis.</p>	<p><b>Head to Health</b> 1800 595 212</p> <p>7 days a week for people who need help finding the right mental health services.</p>
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# BOIMHC MENTAL HEALTH 3 STEP PROCESS

## PART 2 - PLAN & REVIEW

<b>Patient Name</b>	Ms Kim Rogers 45713752	<b>Date of Birth</b>	06/04/1958
<b>GP</b>	Dr Marie Tan-Paredes 0291618086	<b>Outcome Tool Used</b>	
<b>Date of Plan</b>	13/02/2024	<b>Date of Review</b>	
<b>Outcome tool result at assessment</b>	DASS 21 D 22 A18 S 34 K10 K10- 33/50	<b>Result at review</b>	

	GOAL	PLAN	REVIEW
<b>Problem/Diagnosis</b>	(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 or gym daily 15-30 mins	Attend counselling session with psychologist Review after 3-4 session	Psychologist - Ms. Michelle Hookham GP
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 Vyvanse 40 mg daily reg fasting bloods and ECG	psychologist - Michelle Hookham GP psychiatrist DR. Mallick

**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)**

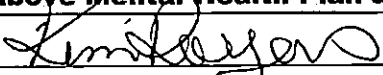
**Emergency Care**

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:  Date: 13.2.24

GP Signature:  Date: 13.2.24

**Date for Mental Health Review (between 1 - 6 months):** 6-12 weeks