

# Glossodia Medical Practice

3/162 Golden Valley Drive  
Glossodia Nsw 2756

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

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

13/3/2024

Ms Michelle Hookham  
Hawksbury Hospital  
6 Christie Street  
WINDSOR NSW 2756  
Phone: 4577-4435  
health@michellehookham.com.au  
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 39yrs 6mths, for opinion and management under PTS NBM10959. Please see her MHTP for more details, but your care of her and her mental health for at least 6 visits is greatly appreciated.

## Past History:

### Active:

Date	Condition -- Comment
0	Asthma
0	Mixed depression anxiety
2013	CIN 2 LLETZ procedure
2014	Vitamin D deficiency
2021	Mastitis
2021	UTI (Urinary Tract Infection)
2023	Iron deficiency - anaemia

### Inactive:

Date	Condition -- Comment
1998	Tonsillectomy
2011	CIN 2 LLETZ
2011	Lactose intolerance
2014	Iron deficiency

## Allergies/Adverse Reactions:

No known allergies/adverse reactions.

**Current Medications:**

<b>Drug Name</b>	<b>Strength</b>	<b>Dosage</b>	<b>Reason</b>	<b>Last script</b>
FERRO-LIQUID Oral Liquid (Ferrous sulfate)	30mg/mL	daily m.d.u.	Iron deficiency - anaemia	13/03/2024

Should any of the above need clarification, please feel free to contact me on Telephone 0245767499, or E-mail me at

Thank you for your care and assistance. I look forward to hearing the outcome of Michelle's attendance.

Yours sincerely,



Dr Philip Dalley.

# PSYCHOLOGICAL THERAPY SERVICES

## Referral Form

This referral is only valid with a PTS Referral Code, obtained from Nepean Blue Mountains PHN. 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	M/F	Patient Post Code	PTS REFERRAL CODE
13/03/2024	MW	1984	F	2756	NBM: 10959

PTS Provider / Fax

*Michelle Hookham*

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 required for all patients except Aboriginal and Torres Strait Islander People (all Streams), and people being referred to Bushfire/Flood Streams.**

- ☒ General / new patients affected by the COVID-19 pandemic (No HCC or MHTP 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 Drug (HCC and MHTP required)
- ☐ PTS Extended (Individuals aged 25 and over with additional complex trauma (HCC and MHTP required)
- ☐ Children 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

*13/05/2024*

**This patient needs to return to me for a review by:**

The review with the GP required within 6 months of the referral date

*13/09/2024*

**Diagnosis (select all applicable)**

- ☒ Depression ☐ Psychotic disorder ☐ PTSD or disclosed complex trauma
- ☒ Anxiety disorder ☐ Unexplained somatic disorder
- ☐ Social phobia ☒ Other (Please list) *Stress*

**Preferred mode of service delivery**

☒ Face to face

☐ No preference

☐ Telehealth

**GP Signature or Stamp:**

Dr Philip Dalley MB BS FRACGP BSc(Bio)  
Provider No. 5047755T  
Glossodia Medical Practice  
Shop 3, 162 Golden Valley Drive  
Glossodia NSW 2756  
Ph: (02)4576 7499 Fax: (02)90090691

**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

*L. White*

Date

13/3/24

### 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 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 whom reside in the Blue Mountains or Hawkesbury LGA** - (Healthcare, Pension or Family HCC required).

**General / New patients affected by the COVID-19 pandemic:** (6 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).

**Child Psychological Services:** (6 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:** (12 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 over 25 years of age and possess a HCC or Pension card.

**Bushfire / Flood:** (10 sessions until June 2023) The 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 or 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.

# MENTAL HEALTH PLAN

Patient Name	Mrs Michelle White	OUTCOME TOOL	SCORE
DOB	6/9/1984	DASS-21	4/3/16
Date of Mental Health Plan	Wednesday, 13 March 2024		
GP	Dr Philip Dalley		

Problem	Goal	Action/task (e.g psychological or pharmacological treatment, referral, engagement of family and other supports)
<b>Number 1</b>		
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.	Creating better habits. Internal voice currently a bit jaded, needs a refresher.	Psychotherapy.
<b>Number 2</b>		
<b>Number 3</b>		
<b>Emergency Care</b>		
Hayden White (husband) 0473 235 401		

Patient Education (Please tick)	Yes	Key Family contact/support
Copy of MH plan given to patient	Yes	Hayden White (husband) 0473 235 401

<b>I understand the above Mental Health Plan and agree to the outlined goals/actions.</b>		
Patient signature	<i>M. White</i>	Date: 13/03/2024
GP signature	<i>PD</i>	Date: 13/03/2024
Date for Mental Health Review (between 1 - 6 months)		
Notes		



# Certainty in Care

**re: MW 1984**

<b>Patient:</b> WHITE, MICHELLE	<b>Date of Birth:</b> 1984-09-06	<b>Sex:</b> F
<b>Address:</b>	<b>Medicare Number:</b>	<b>Phone:</b>
<b>Sender:</b> Head to Health Intake Clinic	<b>Addressee:</b> DALLEY, Dr Philip	<b>Referred by:</b>
<b>Lab Reference:</b> 2024MW19840906-1		
<b>Requested:</b> 2024-03-05 11:02	<b>Collected:</b> 5/03/2024 11:02:00 AM	<b>Reported:</b> 5/03/2024 11:02:00 AM

Dear Dr Dalley,

I hope this email finds you well.

Your patient Michelle White contacted our service with concerns about her mental health, as recommended by you.

Michelle has presented with emotional distress, low mood, anxiety, low appetite and sleep disturbances on background of family conflict. She requested access to therapeutic support.

We completed an intake assessment (IAR) with this patient. Following the assessment, we think that Michelle would most benefit from therapy sessions provided by our Psychological Therapy Service (PTS) via the GENERAL stream (which is available to all residents of the Nepean region).

I have asked the patient to make an appointment with you to complete the referral process.

During this appointment please:

1. Complete a MHCP
2. Complete the attached PTS referral form
3. Phone PTS Intake on 1800 223 365

Please do not hesitate to contact us on 1800 595 212 if you have any queries.

Kind Regards,

Natalia Jerzmanowska

INTAKE LINE

Head to Health (Nepean Blue Mountains)

Phone: 1800 595 212

Email: intake@nbmphn.com.au

Fax: 02 4711 3329

www.nbmphn.com.au/h2hpopup

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