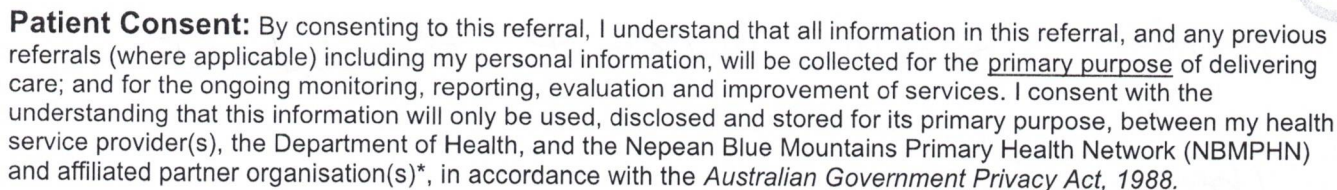


# PTS SEEK OUT SUPPORT (SOS) Referral Form



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: <b>NBM11298</b>		DATE OF REFERRAL:	
AHP name: <b>Michelle Hookham</b>		AHP fax/phone: <b>health@michellehookham.com.au</b>	
<b>GP DETAILS</b>			
Name: <b>NADINE KAULEY</b>		Practice name: <b>ADVANCE MEDICAL PRACTICE LINDSAY</b>	
Practice phone:		Practice fax:	
<b>PATIENT DETAILS</b>			
Name: <b>PHOENIX HORSFALL</b>		DOB: <b>24/03/1994</b>	
Healthcare card number: <b>404764334c</b> <input type="checkbox"/> N/A		Phone: <b>0400 779 558</b>	
Mental health diagnosis: <b>Anxiety and depression (severe)</b>			
Medication/s: <b>Noriday (mini-pill), PRN Venlafaxine</b>			
<b>KEY SUPPORTS:</b> Patient has given consent for GP/Provider to contact support person: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Name: <b>Jessy Trevena</b>		Phone: <b>0410867359</b>	
Relationship to patient: <b>Partner</b>			
<b>OTHER MENTAL HEALTH PROFESSIONALS CURRENTLY INVOLVED (e.g. psychiatrist, social worker)</b>			
Name: <b>Michelle Hookham</b>		Phone: <b>0423 162 001</b>	
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.			
<b>REASON FOR REFERRAL</b>			
<b>severe stress, anxiety, depression</b>			
<b>KEY RISKS IDENTIFIED / RECENT STRESSORS</b>			
<b>Work stressors - night shift</b> <b>Single income household at the moment whilst partner studying</b> <b>care of children</b> <b>ongoing involvement / shared care with ex-partner and father of his DV - he was perpetrator of DV.</b>			
<b>ADDITIONAL REFERRAL NOTES</b>			



Patient Signature: 

Date: 19/4/24

### 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 NBMPPH 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:**

Wentworth Healthcare Limited (ABN 88 155 904 975) provider of the Nepean Blue Mountains PHN. February 2023