

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

Date of Referral	Patient Initials	Year of Birth	M/F	Patient Post Code	PTS REFERRAL CODE
7/5/2024	KJM	1971	F		NBM: 11494

PTS Provider / Fax _____

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 those being referred to Bushfire/Flood/Bondi streams.

- ☒ General / new patients affected by the COVID-19 pandemic (No HCC required)
- ☐ Disaster Recovery (bushfire/flood), Bondi tragedy 2024 (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/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)
- ☐ PTS Extended (Individuals aged 25 and over with additional complex trauma) (HCC and MHTP required)
- ☐ 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

7. 7. 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

7. 7. 2024

Diagnosis (select all applicable)

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

Preferred mode of service delivery

☒ Face to face

☐ No preference

☐ Telehealth

GP Signature or Stamp:

Dr Varadaraj Kadambi
Our Medical Home
118 Hollinsworth Road, Murrumbidgee NSW 2572
Ph 02 9012 3444
Provider No 1000000000

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

K Mole

Date

7.5.24

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 sessions per referral and eligible for 4 referrals in total)

- 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 or older and possess a HCC or Pension card.

Disaster Recovery (bushfire/flood): (10 sessions until December 2023)

The Disaster Recovery 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. People can be referred under both bushfire and flood, if eligible.

Bondi Tragedy 2024: (10 sessions)

This stream is available to anyone in our region experiencing high levels of distress resulting from the recent events in Bondi Westfield.

- **No Healthcare or Pension card required**
- No Mental Health Care Plan is required, however GP may complete one at their discretion.

GP MENTAL HEALTH TREATMENT PLAN – VERSION FOR ADULTS

Notes: This form is designed for use with the following MBS items. Users should be familiar with the most recent item definitions and requirements.

MBS ITEM NUMBER: ☐ 2700 ☐ 2701 ☒ 2715 ☒ 2717

Major headings are **bold**; prompts to consider lower case. Response fields can be expanded as required. Underlined items of either type are mandatory for compliance with Medicare requirements.

This document is not a referral letter. A referral letter must be sent to any additional providers involved in this mental health treatment plan.

Here is a printable version of the E-MENTAL HEALTH PATIENT INFORMATION BROCHURE for your patients

CONTACT AND DEMOGRAPHIC DETAILS

GP name	Dr Varadaraj Kadambi 1/9 Hollinsworth Road Marsden Park 2765		GP phone	0280420485
GP practice name	Our Medical Home Marsden Park		GP fax	
GP address	1/9 Hollinsworth Road Marsden Park 2765		Provider number	434425CW
Relationship	This person has been my patient since			17/06/2023
	and/or			
	This person has been a patient at this practice since			17/06/2023
Patient surname	Mole	Date of birth (dd/mm/yy)	10/04/1971	
Patient first name(s)	Karyn	Preferred name	Karyn	
Gender	Female <input checked="" type="checkbox"/> Self-identified gender:			
Patient address	4 Deirdre Drive Riverstone 2765			
Patient phone	Preferred number:		Alternative number:	
	Can leave message?		Can leave message?	
Medicare No.	2401362999	Healthcare Card/Pension No.		
Highest level of education completed	Secondary school			
	Comments:			
Carer/support person contact details			Has patient consented for this healthcare team to contact carer/support persons?	
First contact: Blake Fishburn	Relationship: son	Phone number 1: 0455335554 Phone number 2:	Yes With the following restrictions:	

Second contact:	Relationship:	Phone number 1: Phone number 2:	Yes With the following restrictions:
Emergency contact person details			Has patient consented for this healthcare team to contact emergency contacts?
First contact:	Relationship:	Phone number 1: Phone number 2:	
Second contact:	Relationship:	Phone number 1: Phone number 2:	
SALIENT COMMUNICATION AND CULTURAL FACTORS			
Language spoken at home		Other:	
Interpreter required	No	Yes, Comments:	
Country of birth	Australia	Other:	
Other communication issues			
Other cultural issues			

PATIENT ASSESSMENT – MENTAL HEALTH

Reasons for presenting Consider: <ul style="list-style-type: none"> What are the patient's current mental health issues? Requests and hopes 	feeling overwhelming and low mood due to personal and health issue
History of current episode Consider: <ul style="list-style-type: none"> Symptom onset, duration, intensity, time course 	since few weeks
Patient history Consider:	
<ul style="list-style-type: none"> <u>Mental health history</u> 	past h/o depression since 5 years
<ul style="list-style-type: none"> <u>Salient social history</u> 	lives with her son in a rental; accommodation
<ul style="list-style-type: none"> <u>Salient medical/biological history</u> ♀ - menarche, menstruation, pregnancy, menopause Salient developmental issues 	
Family history of mental illness Consider: <ul style="list-style-type: none"> Family history of suicidal behaviour Genogram 	none
Current domestic and social circumstances Consider: <ul style="list-style-type: none"> Living arrangements Social relationships Occupation 	
Salient substance use issues Consider: <ul style="list-style-type: none"> Nicotine use Alcohol use Illicit substances Is patient willing to address the issues? 	nil illicit substance abuse
Current medications Consider: <ul style="list-style-type: none"> Dosage, date of commencement, date of change in dosage Reason for the prescription Are there other practitioners involved in the prescription of medication? Are there issues with compliance or misuse? 	<div> <div> Loxalate 20mg Tablet Norgesic 35mg; 450mg Tablet Valdoxan 25mg Tablet </div> <div> 1 Tablet In the morning. 2 Tablets Twice a day p.r.n. do not do any dangerous activities whilst being medicated. 1 before bed for first two weeks followed by 2 before bed if tolerated. </div> </div>

History of medication and other treatments for mental illness Consider: <ul style="list-style-type: none"> • Past referrals • Effectiveness of previous treatments • Side-effects and complications associated with previous treatments • Patient's preference for medications 	lexapro 20mg and valdoxone 25mg			
Allergies	Nil known.			
Relevant physical examination and other investigations				
Results of relevant previous psychological and developmental testing				
Other care plan e.g. GP Management Plans and Team Care Arrangements; Wellness Recovery Action Plan	If yes Specify:			
Comments on Current <u>Mental State Examination</u>				
Consider: <ul style="list-style-type: none"> • Appearance, cognition, thought process, thought content, attention, memory, insight, behaviour, speech, mood and affect, perception, judgement, orientation. • Appropriateness of Mini Mental State Examination for patients over 75 years or if otherwise indicated 				
<u>Risk assessment</u> If high level of risk indicated, document actions taken in Treatment Plan below Consider: <ul style="list-style-type: none"> • Does the patient have a timeline for acting on a plan? • How bad is the pain/distress experienced? • Is it interminable, inescapable, intolerable? 		Ideation/ thoughts	Intent	Plan
	Suicide	nil	no	nil
	Self harm	no	nil	no
	Harm to others	nil	no	no
	Comments or details of any identified risks			
<u>Assessment/outcome tool used.</u> except where clinically inappropriate.		DAS		

<u>Date of assessment</u>	06/05/2024
<u>Results</u>	<input type="checkbox"/> Copy of completed tool provided to referred practitioner
<u>Provisional diagnosis of mental health disorder</u> Consider conditions specified in the ICPC, including: <ul style="list-style-type: none"> • Depression • Bipolar disorder • Other mood disorders • Anxiety disorders • Panic disorder • Phobic disorders • Post-traumatic stress disorder • Schizophrenia • Other psychotic disorders • Adjustment disorder • Dissociative disorders • Eating disorders • Impulse-control disorders • Sexual disorders • Sleep disorders • Somatoform disorders • Substance-related disorders • Personality disorders • Unknown 	
<u>Case formulation</u> Consider: <ul style="list-style-type: none"> • Predisposing factors • Precipitating factors • Perpetuating factors • Protective factors 	
<u>Other relevant information from carer/informants</u> Consider: <ul style="list-style-type: none"> • Specific concerns of carer/family • Impact on carer/family • Contextual information from members of patient's community • Other content from individuals other than the patient 	
<u>Any other comments</u>	

PLAN

Identified issues/problems	Goals	Treatments & interventions	Actions Referrals	Any role of carer/support person(s)
Consider:	Consider:	Consider:	Consider:	Consider:
<ul style="list-style-type: none"> As presented by patient Developed during consultation Formulated by GP 	<ul style="list-style-type: none"> Goals made in collaboration with patient What does the patient want to see as an outcome from this plan? Wellbeing, function, occupation, relationships Any reference to special outcome measures Time frame 	<ul style="list-style-type: none"> psychological interventions <ul style="list-style-type: none"> face to face internet based Suggested psychological interventions Medications Key actions to be taken by patient Support services to achieve patient goals Role of GP Psycho-education Time frame 	<ul style="list-style-type: none"> Practitioner, service or agency—referred to whom and what for Specific referral request referral to internet mental health programs for education and/or specific psychotherapy Opinion, planning, treatment Case conferences Time frame 	<ul style="list-style-type: none"> Identified role or task(s), e.g. monitoring, intervention, support Discussed, agreed, negotiated with carer? Any necessary supports for carer Time frame

Issue 1: improve mood CBT and DBT psychologist

Issue 2:

Issue 3:

Intervention/relapse prevention plan (if

appropriate at this stage)

Consider:

- Identify warning signs from past experiences
- Note arrangements to intervene in case of relapse or crisis
- Other support services currently in place
- Note any past effective strategies

☐ Preparation of plan for delegation of patient's responsibilities (e.g., care for dependants, pets)

Psycho-education provided if not already addressed in "treatments and interventions" above?

☐ Yes

☐ No

Plan added to the patient's records?

☐ Yes

☐ No

Other healthcare providers and service providers involved in patient's care

(e.g. psychologist, psychiatrist, social worker, occupational therapist, other GPs, other medical specialists, case worker, community mental health services)

Role	Name	Address	Phone

COMPLETING THE PLAN

On completion of the plan, the GP may record (tick boxes below) that s/he has:

- ☐ discussed the assessment with the patient
☐ discussed all aspects of the plan and the agreed date for review
☐ offered a copy of the plan to the patient and/or their carer (if agreed by patient)

Date plan completed

RECORD OF PATIENT CONSENT

I, Karyn Mole (name of patient), agree to information about my health being recorded in my medical file and being shared between the General Practitioner and other health care providers involved in my care, as nominated above, to assist in the management of my health care. I understand that I must inform my GP if I wish to change the nominated people involved in my care.

I understand that as part of my care under this Mental Health Treatment plan, I should attend the General Practitioner for a review appointment at least 4 weeks after but within 6 months after the plan has been developed.

I consent to the release of the following information to the following carer/support and emergency contact persons:

Name	Assessment		Treatment Plan	
	Yes	No	Yes	No
	<input type="checkbox"/> with the following limitations:	<input type="checkbox"/>	<input type="checkbox"/> with the following limitations:	<input type="checkbox"/>
	<input type="checkbox"/> with the following limitations:	<input type="checkbox"/>	<input type="checkbox"/> with the following limitations:	<input type="checkbox"/>

K Mole

(Signature of patient)

7, 5, 24

(Date)

Dr Varadaraj Kadambi

11 Medical Home Marsden Park
15worth Road, Marsden Park 2765
Ph: 02 8042 2411
FAX: 02 8042 2411

I, Dr Varadaraj Kadambi, have discussed the plan and referral(s) with the patient.

(Full name of GP)



(Signature of GP)

7, 5, 2024

(Date)

REVIEW

MBS ITEM NUMBER: ☐ 2712 ☐ 2719

Planned date for review with GP

(initial review 4 weeks to 6 months after completion of plan)

Actual date of review with GP

Assessment/outcome tool results on review,

except where clinically inappropriate

Comments

Consider:

- Progress on goals and actions
- Have identified actions been initiated and followed through? e.g. referrals, appointments, attendance
- Checking, reinforcing and expanding education
- Communication
- Where appropriate, communication received from referred practitioners
- Modification of treatment plan if required

Intervention/relapse prevention plan (if appropriate)

Consider:

- Identify warning signs from past experiences
- Note arrangements to intervene in case of relapse or crisis
- Other support services currently in place
- Note any past effective strategies

DASS 21

NAME

Karyn mole
bog 10.4.1971

DATE

6.5.2024

BLACK DOG INSTITUTE

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 Did not apply to me at all - NEVER

1 Applied to me to some degree, or some of the time - SOMETIMES

2 Applied to me to a considerable degree, or a good part of time - OFTEN

3 Applied to me very much, or most of the time - ALMOST ALWAYS

FOR OFFICE USE

	N	S	O	AA	D	A	S
1 I found it hard to wind down	0	1	2	3			2
2 I was aware of dryness of my mouth	0	1	2	3		1	
3 I couldn't seem to experience any positive feeling at all	0	1	2	3	2		
4 I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3		1	
5 I found it difficult to work up the initiative to do things	0	1	2	3	3		
6 I tended to over-react to situations	0	1	2	3			3
7 I experienced trembling (eg, in the hands)	0	1	2	3		0	
8 I felt that I was using a lot of nervous energy	0	1	2	3			3
9 I was worried about situations in which I might panic and make a fool of myself	0	1	2	3		3	
10 I felt that I had nothing to look forward to	0	1	2	3	3		
11 I found myself getting agitated	0	1	2	3			3
12 I found it difficult to relax	0	1	2	3			3
13 I felt down-hearted and blue	0	1	2	3	3		
14 I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3			3
15 I felt I was close to panic	0	1	2	3		3	
16 I was unable to become enthusiastic about anything	0	1	2	3	3		
17 I felt I wasn't worth much as a person	0	1	2	3	3		
18 I felt that I was rather touchy	0	1	2	3			2
19 I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3		0	
20 I felt scared without any good reason	0	1	2	3		3	
21 I felt that life was meaningless	0	1	2	3	3		
TOTALS					0	0	0

TOTALS

20 11 19
Total by hand score