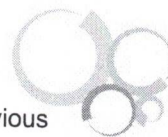


PTS SEEK OUT SUPPORT (SOS) Referral Form



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: <u>NBM 11862</u>		DATE OF REFERRAL: <u>05/06/2024</u>	
AHP name:		AHP fax/phone:	
GP DETAILS <div style="display: flex; justify-content: space-between;"> <div> <p>ADVANCE MEDICAL PRACTICE Dr Nagesuparan Baheerathan MD, DCH, FRACGP Provider No: 43797568</p> </div> <div> <p>Practice name:</p> </div> </div>			
Name:		Practice name:	
Practice phone:		Practice fax:	
PATIENT DETAILS <div style="display: flex; justify-content: space-between;"> <div> <p>Riverview Shopping Centre Shop 26, 227 George St, Windsor 2756 Tel: 02 4577 2677 Fax: 02 4577 9722</p> </div> </div>			
Name: <u>David Dixon</u>		DOB: <u>05/05/1974</u>	
Healthcare card number: <u>20707A88</u> <input type="checkbox"/> N/A		Phone: <u>0439 476 259</u>	
Mental health diagnosis: <u>Depression/Anxiety</u>			
Medication/s: <u>Sertraline 50 mg</u>			
KEY SUPPORTS: Patient has given consent for GP/Provider to contact support person: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name:		Phone:	
Relationship to patient:			
OTHER MENTAL HEALTH PROFESSIONALS CURRENTLY INVOLVED (e.g. psychiatrist, social worker)			
Name:		Phone:	
Name:		Phone:	
Recommendation at the conclusion of PTS SOS sessions <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. http://www.mbsonline.gov.au/ <input checked="" type="checkbox"/> GP review required. Patient to return to GP for review.			
REASON FOR REFERRAL <u>Depressed mood, Anxiety</u> <u>Been homeless, home recently.</u> <u>Alcohol issues</u>			
KEY RISKS IDENTIFIED / RECENT STRESSORS			
ADDITIONAL REFERRAL NOTES <u>Suffers with anxiety, depression</u>			



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: 05/06/2024

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:

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