

# 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: NBM11872   |  | DATE OF REFERRAL: |  |
| AHP name:   |  | AHP fax/phone:    |  |
| <b>GP DETAILS</b>   |  |                   |  |
| Name:   |  | Practice name:    |  |
| Practice phone:   |  | Practice fax:     |  |
| <b>PATIENT DETAILS</b>  |  |                   |  |
| Name:   |  | DOB:              |  |
| Healthcare card number: <input type="checkbox"/> N/A  |  | Phone:            |  |
| Mental health diagnosis:  |  |                   |  |
| Medication/s:   |  |                   |  |
| <b>KEY SUPPORTS: Patient has given consent for GP/Provider to contact support person: <input type="checkbox"/> Yes <input type="checkbox"/> No</b>  |  |                   |  |
| Name:   |  | Phone:            |  |
| Relationship to patient:  |  |                   |  |
| <b>OTHER MENTAL HEALTH PROFESSIONALS CURRENTLY INVOLVED (e.g. psychiatrist, social worker)</b>  |  |                   |  |
| Name:   |  | Phone:            |  |
| 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.<br><br>NB: Allied Health Professionals are entirely responsible for ensuring that appropriate MBS item(s) are billed.<br><a href="http://www.mbsonline.gov.au/">http://www.mbsonline.gov.au/</a><br><br><input type="checkbox"/> GP review required. Patient to return to GP for review. |  |                   |  |
| <b>REASON FOR REFERRAL</b>  |  |                   |  |
|   |  |                   |  |
| <b>KEY RISKS IDENTIFIED / RECENT STRESSORS</b>  |  |                   |  |
|   |  |                   |  |
| <b>ADDITIONAL REFERRAL NOTES</b>  |  |                   |  |
|   |  |                   |  |

**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:** \_\_\_\_\_

**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:**

|  |   |  |  |
|--|---|--|--|
| <b>Mental Health Access Line</b><br>1800 011 511                                     | <b>Suicide Call Back Service</b><br>1300 659 467  | <b>Lifeline</b><br>13 11 14  | <b>Head to Health</b><br>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. |

**GP MENTAL HEALTH CARE PLAN  
PATIENT ASSESSMENT**

|   |                                       |                                  |   |
|---|---------------------------------------|----------------------------------|---|
| Patients name   | Miss Isabell Burrows                  | Date of Birth                    | 29/04/2009  |
| Address   | 15 Illoura Way<br>Jordan Springs 2747 | Phone                            |   |
| Carer details and/or<br>emergency contact(s)          |                                       | Other care plan<br>Eg GPMP / TCA | YES <input type="checkbox"/><br>NO <input type="checkbox"/> |
| GP Name / Practice                                    | Our Medical Home Penrith              |                                  |   |
| AHP or nurse<br>currently involved in<br>patient care |                                       | Medical<br>Records No.           | 98122   |

**PRESENTING ISSUE(S)** Over dose on fluoxetine . and self harm

What are the patient's  
current mental health  
issues

**PATIENT HISTORY** depression , sexual assault in the past .

Record relevant biological  
psychological and social  
history of mental disorders  
and any relevant  
substance abuse or  
physical health problems

**MEDICATIONS**

(attach information if  
required)

Fluoxetine 20mg Capsule  
Levlen ED Tablet  
Yaz Tablet

3 capsules once daily.  
1 Tablet Daily.  
1 tablet once daily.

**ALLERGIES**

Nil known.

**ANY OTHER RELEVANT INFORMATION** has been seeing counsellor for this in the past .

**RESULTS OF MENTAL STATE EXAMINATION** well groomed and anxious looking , oriented in time and person , no hallucinations , not delusional

Record after patients has  
been examined

**RISKS AND  
CO-MORBIDITIES**

Note any associated risks  
and co-morbidities  
including suicidal  
tendencies and risk to  
others

High risk , attempted suicide by overdosing , was seen at ED for this .

**OUTCOME TOOL USED**

Dass 21

**RESULTS:**

D- 28 , A - 24 , S - 30 .

**DIAGNOSIS**

Extreme anxiety and depression

PATIENT NEEDS / MAIN ISSUES CBT , interpersonal counselling

GOALS help to improve

Record the mental health goals agreed to by the patient and GP and any actions the patient will need to take

TREATMENTS CBT/Interpersonal counselling , may conside DBT .

Treatments, actions and support services to achieve patients goals

CRISIS / RELAPSE

If required, note the arrangements for crisis intervention and/or relapse prevention

REFERRALS Michelle Hookham

Note: Referrals to be provided by GP, as required, in up Health Dynamics

to two groups of six sessions. The need for the second Windsor

group of sessions to be reviewed after the initial six sessions.

APPROPRIATE PSYCHO-EDUCATION PROVIDED Yes

PLAN ADDED TO THE PATIENT'S RECORDS Yes

COPY (OR PARTS) OF THE PLAN OFFERED TO OTHER PROVIDERS Yes

COMPLETING THE PLAN

On completion of the plan, the GP is to record that she/he has discussed with the patient:

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

DATE PLAN COMPLETED: 02/06/2024

REVIEW DATE (initial review 4 weeks to 6 months after 29/12/2024 completion of plan):

REVIEW COMMENTS (Progress on actions and tasks) check with Dass 21 for improvement

OUTCOME TOOL RESULTS ON REVIEW

This can afford her 6 sessions before review

Dr. Okoroma Igbojiaku . 

Dr Okoroma Igbojiaku  
Our Medical Penrith  
2227 Weiselo St, Jamisontown NSW 2750  
T 02 8311 3888  
Provider No: 4888622B

# DASS 21

Name: Isabell Burrows Date: 02/06/2024

Please read each statement and indicate how much the statement applied to you over the past week.

The rating scale is:

0 = Never (Did not apply to me at all)

1 = Sometimes (Applied to some degree, or some of the time)

2 = Often (Applied to a considerable degree, or a good part of time)

3 = Almost Always (Applied to very much, or most of the time)

|    |   | D         | A         | S         |
|----|---|-----------|-----------|-----------|
| 1  | I found it hard to wind down  |           |           | 3         |
| 2  | I was aware of a dryness of my mouth  |           | 0         |           |
| 3  | I couldn't seem to experience any positive feeling at all                       | 2         |           |           |
| 4  | I experienced breathing difficulty  |           | 1         |           |
| 5  | I found it difficult to work up the initiative to do things                     | 2         |           |           |
| 6  | I tended to over-react to situations  |           |           | 3         |
| 7  | I experienced trembling   |           | 1         |           |
| 8  | I felt that I was using a lot of nervous energy                                 |           |           | 2         |
| 9  | I was worried about situations in which I might panic and make a fool of myself |           | 3         |           |
| 10 | I felt that I had nothing to look forward to                                    | 2         |           |           |
| 11 | I found myself getting agitated   |           |           | 3         |
| 12 | I found it difficult to relax   |           |           | 3         |
| 13 | I felt down-hearted and blue  | 2         |           |           |
| 14 | I was intolerant of anything that kept me from getting on with what I was doing |           |           | 2         |
| 15 | I felt I was close to panic   |           | 3         |           |
| 16 | I was unable to become enthusiastic about anything                              | 2         |           |           |
| 17 | I felt I wasn't worth much as a person  | 3         |           |           |
| 18 | I felt that I was rather touchy   |           |           | 2         |
| 19 | I was aware of the action of my heart in the absence of physical exertion       |           | 1         |           |
| 20 | I felt scared without any good reason   |           | 3         |           |
| 21 | I felt that life was meaningless  | 1         |           |           |
|    | <b>DASS21Total</b>  | <b>14</b> | <b>12</b> | <b>15</b> |
|    | <b>Rating (from below)</b>  | <b>28</b> | <b>24</b> | <b>30</b> |

**DASS** severity ratings in relation to the population:

Note: Multiply the DASS21 scores above x 2, before interpreting the scores below

|                         | <b>Depression</b> | <b>Anxiety</b> | <b>Stress</b> |
|-------------------------|-------------------|----------------|---------------|
| <b>Normal</b>           | 0-9               | 0-7            | 0-14          |
| <b>Mild</b>             | 10-13             | 8-9            | 15-18         |
| <b>Moderate</b>         | 14-20             | 10-14          | 19-25         |
| <b>Severe</b>           | 21-27             | 15-19          | 26-33         |
| <b>Extremely severe</b> | >27               | >19            | >33           |

**Reference:**

Lovibond, S.H. & Lovibond, P.F. (1995). Manual for the Depression Anxiety & Stress Scales. (2nd Ed.) Sydney: Psychology Foundation