

Alice Seuerhuit
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	Patient Gender	Patient Postcode	PTS REFERRAL CODE
24/7/2024	A B	1/6/2005	F	2777	NBM: 12390

PTS Practitioner Details

Name: Michelle Hookham Contact Number: 0245 77 4435

Fax/Email: _____

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 and pension card required unless indicated otherwise.
Please note Aboriginal and/or Torres Strait Islanders can access any PTS stream without a pension card.

- ☐ Seek Out Support (SOS Suicide Prevention) (No HCC or MHTP required)
- ☒ General (New patients only, no HCC required)
- ☐ Disaster Recovery (bushfire/flood/Bondi Junction tragedy) (No HCC or MHTP required)
- ☒ Young people aged 12-25 years (HCC and MHTP required)
- ☐ Children aged 0-11 years (Family 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)
- ☐ Extended (Individuals aged 25 and over with additional complex trauma) (HCC and MHTP required)

For more information on referral eligibility criteria, please visit <https://www.nbmphn.com.au/pts>

This patient needs to return to me for a review by: after 6 sessions
 The review with the GP is required within 12 months of the referral date

Recommendation at the conclusion of sessions (SOS referrals only):

- ☐ 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/>

- ☒ GP review required. Patient to return to GP for review.

PATIENT INFORMATION:

Country of Birth	<input checked="" type="checkbox"/> Australia <input type="checkbox"/> Other (please specify) _____		
Aboriginal/Torres Strait Islander	<input type="checkbox"/> Neither <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Unknown		
Marital Status	<input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Married/De facto <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Unknown		
Homelessness	<input type="checkbox"/> Stable Housing <input type="checkbox"/> Short term/emergency accommodation <input type="checkbox"/> Sleeping rough		
Labour Force Status	<input type="checkbox"/> Employed full time <input type="checkbox"/> Employed Part time <input type="checkbox"/> Unemployed <input type="checkbox"/> Not in the labour force <input type="checkbox"/> Unknown		
Source of Income	<input type="checkbox"/> Paid employment <input type="checkbox"/> Disability Support Pension <input type="checkbox"/> Other pension <input type="checkbox"/> Compensation payments <input type="checkbox"/> Other (super, investments, etc.) <input type="checkbox"/> Nil income <input type="checkbox"/> Unknown		
NDIS Participant	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Preferred Mode of Service Delivery	<input type="checkbox"/> Face to Face <input type="checkbox"/> No preference <input type="checkbox"/> Telehealth
Last outcome measure	<input type="checkbox"/> K10 <input type="checkbox"/> K5 <input type="checkbox"/> SDQ Score: _____ Date Administered: _____		
Diagnosis	Severe anxiety & Depression		
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:	

GP Signature or Stamp:

D. DAY RAFOKA
16 FERGUSON ROAD
SPRINGWOOD NSW 2777
PROVIDER 6373941F
647 347 511233

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

24/7/2024

Consent for Patient under 18 years of age:

Parent/Guardian/Carer Name:

Contact number:

Email:

Signature

Date

GP MENTAL HEALTH CARE PLAN (MBS ITEM NUMBER 2710)

PATIENT ASSESSMENT

Patients name	Miss Alice Bauerhuit	Date of Birth	01/06/2005
Address	49 Heather Rd Winmalee 2777	Phone	
Carer details and/or emergency contact(s)		Other care plan Eg GPMP / TCA	YES <input type="checkbox"/> NO <input type="checkbox"/>
GP Name / Practice	OdayRafoka6373941FBalance ! Springwood Family Practice Pty Ltd		
AHP or nurse currently involved in patient care		Medical Records No.	

PRESENTING ISSUE(S) here for repeat prescription and MHCP

What are the patient's
current mental health
issues

she is known of anxiety for many years
dealing with it herself
works as a nurse
not suicidal
mother/family aware
father passed away few months ago in US
got into a bad relationship with partner, seperated a week after father passed away
studying nursing
anxiety is bad when stressed and few times a week panic attacks
has a boy friend who is supportive
does self harm sometimes

she is confident she can manage it herself and does not like the idea of being on
antidepressant
she eats well
drinking 2-3 glasses in the weekend
started smoking cig

panic attacks: gets sob, palpitations, shaky , nausea

mother was worried about propranolol, since father passed away but she is restarting it as
migraine is worse and was helping her a lot

PATIENT HISTORY

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

Anxiety and depression

MEDICATIONS

attach information if
required)

Microlut 30mcg Tablet
Propranolol 40mg Tablet

1 Tablet Daily.
0.5 tablet po bd for migraine prevention and
tachycardia.

ALLERGIES

Nil known.

ANY OTHER RELEVANT
INFORMATION

RESULTS OF MENTAL
STATE EXAMINATION
Record after patients has
been examined

Looks anxious at times
anxiety gesture at times
normal facies
not suicidal
normal thought
normal behaviour
normal speech tone and speed
engaging well
maintaining eyes contact sometimes/interrupted
no mania

no agitation
no hallucinations or delusions.

KS AND
-MORBIDITIES
e any associated risks
co-morbidities
uding suicidal
encies and risk to
ers

TCOME TOOL USED

RESULTS:
DASS21 Assessment
Depression scored 22 (Severe)
Anxiety scored 38 (Extremely Severe)
Stress scored 28 (Severe)

.GNOSIS

severe anxiety and severe depression

PATIENT NEEDS / MAIN ISSUES

GOALS	1- to work through the grief reaction
Record the mental health goals agreed to by the patient	2- improve her anxiety, sleep and functioning
GP and any actions the patient will need to take	3- avoid panic attacks
	4- develop the toolsdevelop with her anxiety and panic attacks

TREATMENTS	psychology therapy
treatments, actions and support services to achieve	continue propranolol
tients goals	exercise and relaxation

RISIS / RELAPSE	000
required, note the arrangements for crisis intervention	
d/or relapse prevention	

REFERRALS

Note: Referrals to be provided by GP, as required, in up to two groups of six sessions. The need for the second group of sessions to be reviewed after the initial six sessions.

APPROPRIATE PSYCHO-EDUCATION PROVIDED	Yes
ADDED TO THE PATIENT'S RECORDS	Yes
COPY (OR PARTS) OF THE PLAN OFFERED TO	Yes
OTHER PROVIDERS	

COMPLETING THE PLAN	
At completion of the plan, the GP is to record that s/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:	21/02/2024

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

REVIEW COMMENTS (Progress on actions and tasks)	review after 6 psychology sessions
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WELLCOME TOOL RESULTS ON REVIEW