SOS SERVICE
Nepean Blue Mountains PHN
Referral Patient Detail Form

SOS REFERRAL CODE:NBM12583	DATE OF REFERRAL: 8th August 2024
AHP Name: MICHELLE HOLKHAM Hoolsham	AHP Fax Number:

PATIENT DETAILS

Name:	Mrs Samantha Richardson,	Phone:	0432 525 198
Address:	144 Sanctuary Drive, WINDSOR DOWNS 2756	D.O.B:	31/8/1988

GP DETAILS

Name:	Dr Muna Amin.	Practice Phone Number:	0245572764
Address:	118 Macquarie St	Practice Fax Number:	0245572765

KEY SUPPORTS

Name:	Phone:

Relationship to patient:

Patient has given consent for GP/Provider to contact support people: YES / NO

Living status:	Living alone: ☐	Living with family ☐	Living with carer / friend ☐

REASON FOR REFERRAL

WORSENING MENTAL HEALTH ,

KEY RISKS IDENTIFIED / RECENT STRESSORS

DIAGNOSIS (if applicable) / MENTAL HEALTH HISTORY   MENTAL HEALTH PLAN COMPLETED: YES / NO

GAD, MDD, ptsd

CURRENT MEDICATIONS / CURRENT HEALTH CONDITIONS

efexor RECENTLY STARTED WEANING ON

OTHER MENTAL HEALTH PROFESSIONALS CURRENTLY INVOLVED (e.g. psychiatrist, MH Team, Social Worker)

Name:	*Contact Details:*

PATIENT CONSENT

I give consent for information about my mental health and wellbeing to be collected, used and disclosed between my GP and mental health provider to whom I am referred, where this is required to assist in the management of my health care; and: I am aware that my name and date of birth will be collected and securely stored by the Nepean Blue Mountains PHN, for the purpose of accurately tracking referrals; and I am also aware that information (that will not identify me to any external parties) is being collected and used to assist in improving the regional Psychological Therapy Services (PTS) program. I understand de-identified information pertaining to services accessed will be recorded in the secure Primary Mental Health Care, Minimum Data Set (Australian Government, Department of Health) and that information handling and storage will be in adherence to the *Australian Government Privacy Act, 1988.*

Signature: Fr bal	Date: <TodaysDate> 7/3/24

NB: This form is to be sent to the SOS Provider

Wentworth Healthcare Limited (ABN 88 155 904 975) provider of the Nepean Blue Mountains PHN.
Mental Health PTS SOS Patient Detail Form.
Version 2.0 - Updated September 2019