

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
05/12/2024	AD.	01/11/1983	Female	2753	NBM: 14196

PTS Practitioner Details

Name: Michelle Hookham Contact Number: 0423 162001

Fax/Email: health@michellehookham.com.au

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.
 (Mark relevant option with 'X')

<input checked="" type="checkbox"/>	Seek Out Support (SOS Suicide Prevention) (No HCC or MHTP required)
<input checked="" type="checkbox"/>	General (New patients only, no HCC required)
<input type="checkbox"/>	Disaster Recovery (bushfire/flood/Bondi Junction tragedy) (No HCC or MHTP required)
<input type="checkbox"/>	Young people aged 12-25 years (HCC and MHTP required)
<input type="checkbox"/>	Children aged 0-11 years (Family HCC and MHTP required)
<input type="checkbox"/>	Perinatal (HCC and MHTP required)
<input type="checkbox"/>	Aboriginal and/or Torres Strait Islander Peoples (MHTP required)
<input type="checkbox"/>	Unpaid Carer of a person with a disability, medical condition, mental illness or frail and aged (HCC and MHTP required)
<input type="checkbox"/>	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex (HCC and MHTP required)
<input type="checkbox"/>	Co-morbid Alcohol and Other Drugs (HCC and MHTP required)
<input type="checkbox"/>	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:
 The review with the GP is required within 12 months of the referral date

Recommendation at the conclusion of sessions (SOS referrals only):*(Answer relevant option with 'YES' or 'NO')*

GP review required. Patient to return to GP for review	YES
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/	YES / NO

PATIENT INFORMATION:

Country of Birth	Australia		
Aboriginal/Torres Strait Islander	No - Neither Aboriginal and/or Torres Strait Islander		
Marital Status			
Homelessness	Stable housing		
Labour Force Status	Employed part time		
Source of Income	Paid employment		
NDIS Participant	No	Preferred Mode of Service Delivery	Face to Face
Last outcome measure (Mark relevant option with 'X')	<input type="checkbox"/> K10	Score: <u>42</u>	Date Administered: <u>05/12/2024</u>
	<input type="checkbox"/> K5		
	<input type="checkbox"/> SDQ		
Diagnosis			
KEY SUPPORTS: Patient has given consent for GP/Provider to contact support person: Yes / 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 :	Dr Marisa Smith Myhealth Medical Centre Shop 017, Level 1, Westfield Penrith 585 High Street Penrith 2750
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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

MMes

Date

5-12-24

Consent for Patient under 18 years of age:

Parent/Guardian/Carer Name:

Contact number:

Email:

Signature

Date

GP MENTAL HEALTH TREATMENT PLAN

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

CONTACT AND DEMOGRAPHIC DETAILS

GP name	Dr Marisa Smith	GP phone	0291880751
GP practice name	Myhealth Penrith	GP fax	0291880752
GP address	Shop 017, Level 1, Westfield Penrith Penrith 2750	Provider number	215396LB
Patient surname	Dries	Date of birth (dd/mm/yy)	01/11/1983
Patient first name(s)	Anita	Preferred name	Anita
Gender	Female		
Patient address	6 Bowman Street Richmond 2753	Patient contact details	0408892105
0408892105 Medicare No.	2655378826	Healthcare Card/Pension No.	
Emergency contact	Bianca Dries	Sister	0458707645

PATIENT ASSESSMENT – MENTAL HEALTH

Reasons for presenting

DEPRESSION:

- 1- Pervasive depressed mood for greater than 2 weeks: Yes
- 2- Anhedonia : Yes
- 3- Appetite: normal
- 4- Apathy: No
- 5- fatigue or loss of energy nearly every day : Yes
- 6- Low Self Esteem: Yes
- 7- Lack of Motivation/ Concentration : Yes
- 8- Suicidal Ideation : No

ANXIETY DISORDERS:

Generalised Anxiety disorder

A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).

Yes

B. The individual finds it difficult to control the worry.

Yes

C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms having been present for more days than not for the past 6 months):

Restlessness or feeling keyed up or on edge., Being easily fatigued., Difficulty concentrating or mind going blank., Irritability, Muscle tension

D. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Yes

E. The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism).

F. The disturbance is better explained by another mental disorder

No

Palpitations, pounding heart, Shortness of breath, Sweating, Nausea or abdominal distress, Feeling dizzy, unsteady, light-headed, or faint, Chills or heat sensations, Paresthesias (numbness or tingling sensations), Derealization (feelings of unreality) or depersonalization (being detached from oneself)

<u>Mental state examination</u>	Consult: Face to Face Appearance: Cleanliness and grooming: Well Kempt Rapport: Engaging well, hesitant Behaviour: Fidgety Speech: Tremulous Mood: anxious, Low Affect: Euthymic, reacting appropriately THOUGHT: Thought Stream: Normal Thought form: - Rumination Thought content: Negative thinking Perception: No disturbance Cognition: Orientated to Time, place and person, Poor Memory, Poor Attention: Needs redirection/repetition, distractible. Insight: Intact Judgement: Intact
<u>Suicidal ideation</u>	no suicidal ideation
<u>Risk assessment</u>	not at risk of self harm or harm to others
<u>Assessment/outcome tool used and results</u>	K10 = 42
<u>Provisional diagnosis of mental health disorder</u>	Generalised Anxiety Disorder with Depression and Panic
<u>Patient history</u>	<u>Family History:</u> Father Atrial fibrillation Mother Diabetes Sister Thyroiditis Sister PTSD Sister Asthma <u>Past Medical Hx:</u> Anxiety Dog bite face laceration - surgery Colonoscopy Menorrhagia Dysmenorrhoea Left Finger surgery ring finger Bilateral Tinnitus 26/05/2021 Irritable bowel syndrome 30/08/2022

Consult: Face to Face
Appearance: Cleanliness and grooming: Well Kempt
Rapport: Engaging well, hesitant
Behaviour: Fidgety
Speech: Tremulous
Mood: anxious, Low
Affect: Euthymic, reacting appropriately
THOUGHT:
Thought Stream: Normal
Thought form: - Rumination
Thought content: Negative thinking
Perception: No disturbance
Cognition: Orientated to Time, place and person, Poor Memory, Poor
Attention: Needs redirection/repetition, distractible.
Insight: Intact
Judgement: Intact

Suicidal ideation

no suicidal ideation

Risk assessment

not at risk of self harm or harm to others

Assessment/outcome tool used
and results,

$$K_{10} = 42$$

Provisional diagnosis of mental health disorder

Generalised Anxiety Disorder with Depression and Panic

Patient history

Family History:	
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Father	Atrial fibrillation
Mother	Diabetes
Sister	Thyroiditis
Sister	PTSD
Sister	Asthma

Past Medical Hx:

	Anxiety	
	Dog bite	face laceration - surgery
	Colonoscopy	
	Menorrhagia	
	Dysmenorrhoea	
	Left Finger surgery	ring finger
26/05/2021	Bilateral Tinnitus	
30/08/2022	Irritable bowel syndrome	

PLAN

Goals

Treatments & interventions

Referrals

Anxiety, nervousness, irritability, fatigue, poor concentration, poor motivation, low energy, poor memory; poor sleep; excessive worry

improve mood, reduce worry, increase energy, increase confidence, improve self esteem, increase socialisation, learn coping strategies, increase positive thinking

CBT, Deep breathing,
Progressive muscle
relaxation

Referred to: Psychologist
eCBT referral to:

<u>Relapse prevention plan:</u>	crisis intervention discussed: Mental Health Access No: 1800 011 511 Lifeline No: 13 11 14 GP follow up
<u>Psycho-education provided?</u>	Psychoeducation provided General management discussed: - Healthy nutrition - Exercise - Positive self talk - Mindfulness
<u>Self Help / Education</u>	www.yourhealthinmind.org - fact sheets www.beyondblue.org.au - a guide to what works for anxiety www.panda.org.au - perinatal anxiety and depression www.reachout.com - education regarding good sleep hygiene www.nps.org.au - anxiety disorders: what you need to know
<u>Completing the plan</u> On completion of the plan, the GP may record (tick boxes below) that s/he has: <input checked="" type="checkbox"/> discussed the assessment with the patient <input checked="" type="checkbox"/> 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 05/12/2024	
Agreed date of review 05/03/2025	

RECORD OF PATIENT CONSENT

I, Ms Anita Dries, 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 GP for a review appointment at least 4 weeks after but within 6 months after the plan has been developed.

I consent for healthcare team to contact emergency contacts?

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

verbal consent

(Signature of patient or guardian)

05/12/2024
(Date)

I, Dr Marisa Smith, have discussed the plan and referral(s) with the patient.
(Full name of GP)

(Signature of GP)

05/12/2024
(Date)

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