

Glossodia Medical Practice

3/162 Golden Valley Drive
Glossodia Nsw 2756

Phone: (02) 4576-7499 Fax: (02) 9009-0691

Dr Philip Dalley
MB BS FRACGP BSc (Bio)
5047755T

8/1/2025

Ms Michelle Hookham
Hawksbury Hospital
6 Christie Street
WINDSOR NSW 2756
Phone: (02) 4577-4435
Fax:

Dear Michelle,

Re: Noah Godsell (DOB: 22/3/2000)
47 Sommerville Road
YARRAVILLE VIC 3013,
Phone: 0474865213

Thank you for seeing Noah Godsell, age 24yrs 9mths, for opinion and management. Your continued care of him and his mental health under PTS SOS R/V NBM 14421 is greatly appreciated. Of note he is still feeling tired and amotivated, however, is seemingly doing better than he was. He still finds staying at the gym hard, but it is easier to get there than previous. He is still tee'd up for admission at ?SJoG on 4/2/25. Given his sertraline is a likely candidate for his tiredness, it's also likely the thing to be doing the most benefit, so we're not changing that in the community as it'll likely be changed in the admission, but we have ceased his mirtazapine (and he will try to reduce dose to a quarter at night for a week before cessation) as it too can cause tiredness / fatigue.

Past History:

Active:

Date	Condition -- Comment
2022	Vegan diet
2024	Vitamin D deficiency

Inactive:

Date	Condition -- Comment
2000	Premature birth 34/40
2004	Grommet insertion
2008	Asthma

Allergies/Adverse Reactions:

No known allergies/adverse reactions.

Current Medications:

Drug Name	Strength	Dosage	Reason	Last script
ABILIFY Tablet (Aripiprazole)	10mg	1 nocte m.d.u.		26/08/2024
OSTELIN VITAMIN D3 Capsule (Colecalciferol)	1,000 units (25mcg)	1 daily	Vitamin D deficiency	29/08/2024

SERTRALINE Tablet (Sertraline (as hydrochloride))	50mg	1 nocte (will drop to 75mg (half of 100 and half of 50) for a week or so before going to 50 daily)	Depression	20/11/2024
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Should any of the above need clarification, please feel free to contact me on Telephone 0245767499, or E-mail me at

Thank you for your care and assistance. I look forward to hearing the outcome of Noah's attendance.

Yours sincerely,



Dr Philip Dalley.

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
8/1/25	NG	2000	M	3013	NBM: 14421

PTS Practitioner Details

Name: Michelle Hoehman Contact Number: _____

Fax/Email: health@michellehoehman.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.

- ☒ 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: 1 month

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: <i>As per prev form</i>			
Country of Birth	<input 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 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			
KEY SUPPORTS: Patient has given consent for GP/Provider to contact support person: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Name:	<i>Emma Gidjoll</i>	Phone:	<i>0492 904 184</i>
Relationship to patient: <i>Mum</i>			
OTHER MENTAL HEALTH PROFESSIONALS CURRENTLY INVOLVED (e.g. psychiatrist, social worker)			
Name:	Phone:		
Name:	Phone:		

Dr Philip Dalley MB BS FRACGP BSc(Bio)
 Provider No. 5047755T
 Glossodia Medical Practice
 Shop 3, 162 Golden Valley Drive
 Glossodia NSW 2756
 Ph: (02)4576 7499 Fax: (02)90090691

GP Signature or Stamp:

PD

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 *verbal consent* Date *8/1/25*

Consent for Patient under 18 years of age:

Parent/Guardian/Carer Name: _____

Contact number: _____

Email: _____

Signature _____

Date _____