PSYCHOLOGICAL THERAPY SERVICES Referral Form

phn NEPEAN BLUE MOUNTAINS An Australian Government Initiative

Wentworth Healthcare Blue Mountains | Hawkesbury | Lithgow | Penrith

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
14/3/2025	PH	1964	Female	2756	NBM:

PTS Practitioner Details

Name: Michelle Hookham Contact Number: 0447100311

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.

- ☐ Seek Out Support (SOS Suicide Prevention) **(No HCC or MHTP required)**
- ☐ General **(New patients only, no HCC required)**
- ☐ Disaster Recovery (bushfire/flood) **(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: _____
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	☑ Australia ☐ Other (please specify) _____		
Aboriginal/Torres Strait Islander	☑ Neither ☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Unknown		
Marital Status	☑ Never Married ☐ Married/De facto ☐ Widowed ☐ Divorced ☐ Separated ☐ Unknown		
Homelessness	☐ Stable Housing ☐ Short term/emergency accommodation ☑ Sleeping rough		
Labour Force Status	☐ Employed full time ☐ Employed Part time ☐ Unemployed ☑ Not in the labour force ☐ Unknown		
Source of Income	☐ Paid employment ☐ Disability Support Pension ☑ Other pension ☐ Compensation payments ☐ Other (super, investments, etc.) ☐ Nil income ☐ Unknown		
NDIS Participant	☐ Yes ☑ No ☐ Unknown	**Preferred Mode of Service Delivery**	☑ Face to Face ☐ No preference ☐ Telehealth
Last outcome measure	☑ K10 ☐ K5 ☐ SDQ Score: 47/50 Date Administered: 14/3/25		
Diagnosis	Major Depressive Episode.		
KEY SUPPORTS: Patient has given consent for GP/Provider to contact support person: ☐ Yes ☐ No			
Name: MOIRA MCKEE		**Phone:** 0406954005	
Relationship to patient: Mother (Junee - lives at Junee			
OTHER MENTAL HEALTH PROFESSIONALS CURRENTLY INVOLVED (e.g. psychiatrist, social worker)			
Name: Dr Catherine Mason		**Phone:**	
Name: Psychiatrist		**Phone:**	

GP Signature or Stamp:

Dr Natasha Lalani
MBBS DCH FRACGP
Windsor Family Practice
177 George Street
Windsor NSW 2756
Ph: (02) 45774102
Fax: (02) 45772888
PROV: 5123567H

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 P. Hicks **Date** 14/3/2025

Consent for Patient under 18 years of age:

Parent/Guardian/Carer Name:

Contact number: **Email:**

Signature **Date**

WINDSOR FAMILY PRACTICE

177 George Street, Windsor NSW 2756
Tel: (02) 45774102 Fax: (02) 45772888

GP MENTAL HEALTH TREATMENT PLAN
Item Nos: 2700, 2701, 2715 & 2717 (Assessment & Plan)

1. Patient Assessment

Patient Name:	Ms Paula Hicks 10 Post Office Rd Ebenezer 2756			**Outcome Tool** K10	~~Result~~ 47/50
DOB:	15/09/1964	**Gender:**	Female	**Date:**	~~14/03/2025~~
Referring GP Details:	Name: Dr Natasha Lalani Practice: WINDSOR FAMILY PRACTICE Provider No: 5123567H				

Problem/Diagnosis	
Number 1:	Mixed anxiety and depression
Number 2:	
Number 3:	

Medications

Diazepam 5mg Tablet	Before bed.
seroquel 25 mg	1 nocte

Past History

06/05/2011	Insomnia - Anxiety-Related
27/05/2011	Depressive Anxiety Disorder
27/05/2011	Panic Attacks
26/08/2011	Missed Periods
08/01/2013	Ascites
08/01/2013	Cirrhosis
10/10/2013	Insomnia
05/02/2015	Abscess drainage
14/02/2017	Hepatic cirrhosis
16/07/2021	Palliative care
21/07/2021	Insomnia anxiety related
22/07/2021	Panic attacks
05/08/2021	Anxiety

Mental Health History/Treatment

Has the person ever received specialist mental health care? Yes

Other Relevant Information:
Language spoken at home: English

How well does the person speak English: Well

Family History

Mother:	Alive	
Father:	Deceased Age 36	MI

Other family members:

Father	Ischaemic heart disease
Mother	Breast cancer

Social History

Occupation: disabled pensioner

Marital status: Single

Elite Sports: No

Accommodation:
Lives with: Alone
Is a Carer: No
Has a Carer: Yes
Carer Name:
Contact Phone:
Address:
Alternate Contact:
Relationship to Patient:

Alcohol:
Non drinker

stopped recently

Smoking:
Smokes 20 cigarettes/day.

Does the person live alone: Yes
Highest education level completed: Secondary to Year 12
Other Relevant Information:
Alcohol: Smokes 20 cigarettes/day.
Smoking: Smokes 20 cigarettes/day.

Allergies/Adverse Reactions

Panadeine Forte Tablet	Nausea and vomiting
Avanza	
Citalopram	abdo pain ; vomiting

Personal History/Lifestyle Issues (eg childhood, substance abuse, relationship history, coping with previous stressors)

h/o SCC Tonsil and tongue - had radiotherapy 3 years ago
lives by herself low mood , sleep issues, h/o panic attacks - known to Dr Catherine Mason (Psychiatirst)

MSE
appearance/behavior - dressed casually
speech - normal rate/ tone/ volume
affect - congruent
mood - low/ anxious
thought stream/form/content - intact
perception - intact

cognition - intact
insight and judgement - intact
risk - Low

Suicidal Ideation	nil	**Suicidal Intent**	nil
Current Plan	nil	**Risk to Others**	nil

Key Family/Support Contact	

FORMULATION

Main Problems/Diagnosis
(Risk/protective factors)

Depression / Anxiety

Patient Education Given	yes

2. Mental Health Treatment Plan

Patient Name:	Ms Paula Hicks 10 Post Office Rd Ebenezer 2756				
DOB:	15/09/1964	**Gender:**	Female	**Date:**	14/03/2025

Problem/Diagnosis	**Goal** (eg reduce symptoms, improve functioning)	**Action/Task** (eg psychological or pharmacological treatment, referral, engagement of family and other supports)
Number 1:		
Mixed anxiety and depression	improve symptoms	Psychologist for CBT - Michelle Hookham ongoing psychiatrist input continue medications as advised self help stratergies discussed contact details of emergency help line provided urgent f/u if deteriorating mental health
Number 2:		
Number 3:		

Emergency Care/Relapse Prevention	Lifeline 131114 Sucide call back line 1300659 467 **000**

Patient Education given:	yes	**Key family contact/support details/phone:**
Copy of this Plan given to patient:	Yes	

Initial Action Plan - to be considered for: Taking into account the issues that you and the patient have identified, summarise the initial action suggested (Highlight appropriate tick box and type an "x")

- ☐ Diagnostic assessment
- ☐ Psycho-education
- ☐ Interpersonal Therapy
- ☒ Cognitive Behavioural Therapy (CBT)
  - ☐ Behavioural interventions
  - ☐ Relaxation strategies
  - ☐ Cognitive interventions (specify)
  - ☐ Skills training
  - ☐ Other CBT interventions (specify) :
- ☐ Other (specify):

Joint Session Request (OPTIONAL): Cross either first or last session & either GP Practice or Res.Aged Care Fac.

First ☐ OR ☐ Last session AT ☐ GP Practice OR ☐ Residential Aged Care Facility

Review Date: (Add a Recall in MD for 1-6 months after the **Plan** date)	4 months

Record of Patient Consent

I, **Ms Paula Hicks** **Consent to this Care Plan to proceed and I agree to** information about my mental health being recorded in my medical file and being shared between the GP and the counsellor(s) to whom I am referred, to assist in the management of my health care.

x P - Hicks

Signature (patient):

14/3/2025

Date:

I, **Dr Natasha Lalani** have discussed the proposed referral(s) with the patient and am satisfied that the patient understands the proposed uses and disclosures and has provided their informed consent to these.

GP Signature	Dr Natasha Lalani **GP Name**	14/3/2025 **Date**

Referring GP Details:	Name:	Dr Natasha Lalani
	Practice:	WINDSOR FAMILY PRACTICE
	Provider No:	5123567H

WINDSOR FAMILY PRACTICE

177 George Street, Windsor NSW 2756
Tel: (02) 45774102 Fax: (02) 45772888

14/03/2025

Michelle Hookham

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Phone:

RE: Ms Paula Hicks
10 Post Office Rd
Ebenezer. 2756

DOB: 15/09/1964

Dear ,

Thank you for seeing Paula Hicks for CBT under GP Mental helath care plan.
Please find the Mental health care plan for more details

Her current medications are:

Diazepam 5mg Tablet	Before bed.
Seroquel 25mg Tablet	1 Tablet Before bed.

Allergies:

Panadeine Forte Tablet	Nausea and vomiting
Avanza	
Citalopram	abdo pain ; vomiting

Past Medical History:

06/05/2011	Insomnia - Anxiety-Related
27/05/2011	Depressive Anxiety Disorder
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05/02/2015	Abscess drainage
14/02/2017	Hepatic cirrhosis
16/07/2021	Palliative care
21/07/2021	Insomnia anxiety related
22/07/2021	Panic attacks
05/08/2021	Anxiety

Yours faithfully,

Dr Natasha Lalani
MBBS, DCH, FRACGP
5123567H

K10

Date of Assessment: 14th March 2025 General Practitioner: Dr Natasha Lalani

Patient Name: **Ms Paula Hicks** D.O.B: 15/09/1964

For all questions please fill in the appropriate response circle like this: ◎

In the past 4 weeks:	None of the time	A little of the time	Some of the time	Most of the time	All of the time
1. About how often did you feel tired out for no good reason?	○	○	○	✓	○
2. About how often did you feel nervous?	○	○	○	○	✓
3. About how often did you feel so nervous that nothing will calm you down?	○	○	○	✓	○
4. About how often did you feel hopeless?	○	○	○	○	✓
5. About how often did you feel restless or fidgety?	○	○	○	○	✓
6. About how often did you feel so restless you could not sit still?	○	○	○	✓	○
7. About how often did you feel depressed?	○	○	○	○	✓
8. About how often did you feel that everything is an effort?	○	○	○	○	✓
9. About how often did you feel so sad that nothing could cheer you up?	○	○	○	○	✓
10. About how often did you feel worthless?	○	○	○	○	✓

Today's date

1	4	0	3	2	0	2	5
Day		**Month**		**Year**			

47/50