

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
18/03/23	SG	1977	F	2756	NBM: 15247

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.

- ☒ 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: _____

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 checked="" 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 checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Unknown		
Homelessness	<input checked="" type="checkbox"/> Stable Housing <input type="checkbox"/> Short term/emergency accommodation <input type="checkbox"/> Sleeping rough		
Labour Force Status	<input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> K10 <input type="checkbox"/> K5 <input type="checkbox"/> SDQ Score: <u>26</u> Date Administered: <u>18/03/25</u>		
Diagnosis	<u>PTSD, chronic suicidality</u>		
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: <u>Dr. mental health</u>		Phone:	
Name: <u>therapist</u>		Phone:	

GP Signature or Stamp:

DR MICHELLE LI
 Shop 10 Bligh Park Shopping Centre
 Bligh Park 2756
 Phone: 02 4572 7222
 Provider No: 287071511

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

Consent for Patient under 18 years of age:

Parent/Guardian/Carer Name:

Contact number:

Email:

Signature

Date

GP Mental Health Care Plan (MBS Item No 2715)

Patient Assessment

ASSESSMENT Date: 18/03/25

Referring GP Details

Name	Dr Yan Yan Michelle Li	GP Provider No.	287071BH
Address	Shop 10, Bligh Park Shop Centre BLIGH PARK NSW 2756	Phone	(02) 4572 7222
		Fax	4572 0230

Patient Details

Name	Mrs Selena Glover	Phone	0431730774
Address	32 Neptune Cres BLIGH PARK NSW 2756	Other Care Plan	No
DOB	10/8/1977		

Psychologists Details

Name	Michelle Hookham	Phone	02 4577 4435
Address	Old Hawkesbury Hospital 6 Christie St WINDSOR NSW 2756	Fax	

Speak English	very well		well	<input checked="" type="checkbox"/>	not well		none	
Other languages spoken at home	Specify:							
Live on their own	Yes	<input checked="" type="checkbox"/>	No				Unknown	
Low Income Earner	Yes	<input checked="" type="checkbox"/>	No				Unknown	
Previous Specialist Mental Health Care	Yes		No				Unknown	
Highest Education Level	Primary		Up to Yr 10				Yr 11	
	Yr 12		Tertiary					
Primary Diagn. Category (ICD 10)	Alcohol & Drug Use F1		Psychotic F2				Depression F3	
	Anxiety F4		Unexplained Somatic F5				Other (specify)	
Intervention Requested for patient treatment (more than one can be req)	Diagnostic Assessment		Psycho Education	<input checked="" type="checkbox"/>	Interpersonal Therapy		Other (specify)	
	Behavioural Interventions		Cognitive Interventions	<input checked="" type="checkbox"/>	Relaxation Strategies		Skills Training	

Presenting Issues (e.g. presenting problems) Needs ongoing psychological support for depression and PTSD. Has significant stressors and lives alone with little social support.

(family/personal history, drug/alcohol use, social situation (work, home) family history: Hypertension, diabetes

sister (aged 58) -breast cancer diagnosed in 2022
bowel cancer- multiple extended family
father- melanoma

Patient History: Active:

Date	Condition -- Comment
2022	Hysterectomy - Total
2023	Anxiety
2023	Depression
2023	Diabetes Mellitus - Type II
2023	Diabetic Retinopathy - Proliferative
	known to Dr. Alison Chiu, to see Prof. Mitchell for injectable treatments
2023	Fibroadenoma (Right)
2023	Hypertension
	first diagnosed aged 30 but had fluctuating BP since early teenage years
/2023	PTSD (post-traumatic stress disorder)

Inactive:

Date	Condition -- Comment
1990	Oophorectomy (Right)

Medications:

Drug Name	Strength	Dosage
COVERAM Tablet	10mg/10mg	1 mane m.d.u.
EFEXOR-XR Capsule	150mg	1 daily m.d.u.
EFEXOR-XR Capsule	75mg	1 daily m.d.u.
GLICLAZIDE MR Tablet	60mg	1 b.d. c.c.
JARDIAMET Tablet	12.5mg/1,000mg	1 b.d. m.d.u.
LIPIDIL Tablet	48mg	1 nocte m.d.u.

Allergies: No known allergies/adverse reactions.

Relevant Physical & Mental Health Examination (Risk Assessment) incl 1st K10 score = 26
Mental Status Examination (very brief details, two or three words)

Appearance & Behaviour:	casual	Mood:	Low
Thinking:	Clear	Affect:	Flat
Perception:	Normal	Sleep:	Normal
Anhedonia:	Present	Appetite:	Normal
Attention / Concentration:	Normal	Motivation/Energy:	Low
Memory:	Normal	Judgement/Insight:	Clear
Orientation:	Clear	Speech:	Normal

Diagnosis: depression, PTSD

Plan

PROBLEMS/ISSUES	GOAL (e.g. reduce symptoms, improve functioning)	ACTION / TASK/ REFERRALS (e.g. Referral for Allied Health, or pharmacological treatment, or engagement family/other supports)
1. Depression	Ongoing psychological support	Please do 10 sessions with this plan, th review Psychotherapy pharmacotherapy
2. PTSD	improve on function	Psychotherapy pharmacotherapy

Follow Up / Relapse Prevention Plan (if appropriate)

Telephone Numbers in event of Emergency - Mental Health Team - 1800 011 511, Lifeline - 131114

Emergency Care - 000, Suicide Callback 1300 659 467, Men's line 1300 789 978, Veteran's Line 1800 011 046


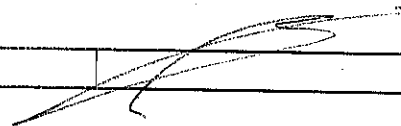
Qlife 1800 184 527, Kid's Helpline 1800 551 800; beyond blue 1300 224 636; Domestic violence 1800 737 732

Notes

Patient Education Given	Yes	Copy of MH Plan offered to Patient / Carer	No	Copy of MH Plan given to other providers	No
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I understand the above Mental Health Assessment and Plan and agree to the outlined goals / actions as discussed by n GP. We have also agreed upon a date for review.

I give my consent to share clinical notes with the Allied Health Provider

Patient signature		GP signature	
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Proposed date for Mental Health Review (between 1 – 6 months)	
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Review (progress on actions and tasks)	Final K10 Score