

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

Table with 6 columns: Date of Referral, Patient Initials, Year of Birth, Patient Gender, Patient Postcode, PTS REFERRAL CODE. Handwritten data: 6/4/25, PD, 15/8/05, F, 2751, NBM: 15497.

PTS Practitioner Details

Name: Michelle Hookham Contact Number: 02 4574435

Fax/Email:

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.



<b>PATIENT INFORMATION:</b>			
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 checked="" 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 checked="" 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 checked="" 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 checked="" 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: <u>33</u> Date Administered: <u>6/4/25</u>		
Diagnosis			
<b>KEY SUPPORTS:</b> Patient has given consent for GP/Provider to contact support person: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name: <u>Sarah Davy</u>		Phone: <u>0434585243</u>	
Relationship to patient: <u>Mum</u>			
<b>OTHER MENTAL HEALTH PROFESSIONALS CURRENTLY INVOLVED (e.g. psychiatrist, social worker)</b>			
Name:		Phone:	
Name:		Phone:	

GP Signature or Stamp:

**DR. S. VIRK**  
 RICHMOND MARKETPLACE MEDICAL CENTRE  
 Shop 46/78 March Street  
 Richmond NSW 2753 V0412  
 96533GB Ph: 4578 4800



**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 pday

Date 6/4/25

**Consent for Patient under 18 years of age:**

Parent/Guardian/Carer Name: \_\_\_\_\_

Contact number: \_\_\_\_\_

Email: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



# Richmond Marketplace Medical Centre

Shop 46, Richmond Marketplace  
ABN: 28 325 871 904  
78 March Street  
RICHMOND NSW 2753

Phone: (02) **4578 4800**  
Fax: (02) 4578 3300

06/04/2025

Dr SUKHVINDER VIRK  
096533GB

Ms Michelle Hookham  
Old Hawkesbury Hosoutal  
6 Christie Street  
Windsor 2756  
45774435

Dear Michelle,

**Re: Miss Paris Davy**  
**15/08/2005**

0402731459

Thank you for seeing Miss Paris Davy, age 19 yrs, for an opinion and continued management.  
Smoking Hx: Non smoker

## Current Problem:

Anxiety/ depression. For 6 sessions of counselling under medicae.

-

## Past History:

28/11/2018 Back pain

28/11/2018 Flat feet

B/L pars defect of L5 ,scoliosis  
l5/s1 spondylolithesis 1 mm  
Talipes

## Allergies:

Amoxil RASH  
Strawberries

## Current Medications:

Mirtanza 15mg Tablets ½ Before bed.  
Ostelin Vitamin D 1000IU Gel Capsule 1 Capsule Daily.

I seek your opinion regarding further management.

Thankyou for your care and assistance. I shall await your reply.

Kind Regards,





**Dr SUKHVINDER VIRK**  
**Shop 46, 78 March St**  
**Richmond 2753**

Richmond Marketplace Medical Centre

***PLEASE NOTE: ALL CORRESPONDENCE CAN BE SENT VIA HEALTHLINK EDI  
CODE: ricmktmc***





GP MENTAL HEALTH CARE PLAN  
ITEM: 2715

**From:** *Richmond Marketplace Medical Centre  
Shop 46, 78 March Street, Richmond 2753  
Ph: (02) 45784800 Fax: (02) 45783300*

**Date:** 06/04/2025

**Patient Name:** Miss Paris Davy

**Medicare No:** 2692230115

**DOB:** 15/08/2005

Anxiety/ depression

**Mental Status Examination:**

**Appearance and General Behaviour**

☒ Normal ☐ Other:

**Thinking** (Content/Rate/Disturbances)

☒ Normal ☐ Other:

**Sleep** (Initial Insomnia/Early Morning Wakening)

☐ Normal ☒ Insomnia ☐ Excessive

**Appetite** (Disturbed Eating Patterns)

☐ Normal ☒ Reduced ☐ Overeating

**Motivation/Energy**

☐ Normal ☒ Not Motivated

**Insight**

☒ Normal ☐ Other:

**Orientation** (Time/Place/Person)

☒ Normal ☐ Other:

**Suicidal Ideation**

☒ Yes ☐ No

**Mood** (Depressed/Labile)

☐ Normal ☒ depressed-Anxious:

**Perception** (Hallucinations, etc.)

☒ Normal ☐ Other:

**Cognition** (Level of Consciousness/Delirium/Intelligence)

☒ Normal ☐ Other:

**Attention/Concentration**

☐ Normal ☒ reduced:

**Memory** (Short and Long Term)

☒ Normal ☐ reduced:

**Anxiety Symptoms** (Physical and Emotional)

☐ Normal ☒ Anxious

**Speech** (Volume/Rate/Content)

☒ Normal ☐ Other:

**Suicidal Intent**

☐ Yes ☒ No

**Assessment Plan & Discussion**

Anxiety/ depression

**Goal:**

- Counselling
- Learning strategies to be able to deal with all psychological issues

**Provision of Psycho Education:**

- Material regarding Depression; Anxiety & Bipolar



**Plan for Crisis**

- Life Line Penrith Regional Centre Ph: (02) 131114
- Mental Health Crisis Team Ph: 1800 011 511
- Hawkesbury Hospital Ph: (02) 4560 5555
- Surgery Phone No: (02) 4578 4800
- Surgery Facsimile No: (02) 4578 3300

**Referral to Psychologist/Psychiatrist:**

*referral to Michelle Hookhma*

**Review Date:**

**2 months**

**Doctor.....**

**Dr SUKHVINDER VIRK**

**096533GB**

**Richmond Marketplace Medical Centre**

**Shop 46, 78 March Street, Richmond 2753**

**Ph: (02) 45784800 fax: (02) 45783300**

**Patient:.....**

*Pdacy*



K10

For all questions, please fill in the appropriate response with an "X" in the space provided.

The maximum score is 50 indicating severe distress and the minimum score is 10 indicating no distress.

Questions 3 and 6 are not asked if the proceeding question was 'none of the time' in which case questions 3 and 6 would automatically receive a score of one.

In the past 4 weeks	1 None of the time	2 A little of the time	3 Some of the time	4 Most of the time	5 All the time	Score
1. About how often did you feel tired out for no good reason?				X		
2. About how often did you feel nervous?				X		
3. About how often did you feel so nervous that nothing could calm you down?			X			
4. About how often did you feel hopeless?					X	
5. About how often did you feel restless of fidgety?	X					
6. About how often did you feel so restless you could not sit still?	X					
7. About how often did you feel depressed?			X			
8. About how often did you feel that everything is an effort?		X				
9. About how often did you feel so sad that nothing could cheer you up?					X	
10. About how often did you feel worthless?					X	
Today's Date: 6/4/2025					Total Score	37



# Patient Health Summary

Name: Miss Paris Davy

Address: 37 Town Street  
Richmond 2753  
D.O.B.: 15/08/2005  
Record No.: 68589  
Home Phone:  
Work Phone:  
Mobile Phone: 0402731459

RICHMOND MARKETPLACE MEDICAL  
CENTRE  
Shop 46, 78 March St  
Richmond 2753  
0245784800

Printed on 7th April 2025

Allergies/Adverse reactions:

Amoxil RASH  
Strawberries

Current Medications:

Mirtanza 15mg Tablets	½ Before bed.
Ostelin Vitamin D 1000IU Gel Capsule	1 Capsule Daily.

Active Past History:

28/11/2018	Back pain	B/L pars defect of L5 ,scoliosis
28/11/2018	Flat feet	l5/s1 spondylolithesis 1 mm
		Talipes

Inactive Past History:

Not recorded.

Immunisations:

10/07/2021 Nimenrix (Meningococcus ACWY)

