

# Telepsychiatry Referral Form



This referral is only valid with a unique referral code obtained from the Wentworth Healthcare intake line.  
To obtain a referral code, GPs, Nurse Practitioners and Paediatricians must contact the Intake team on 1800 223 365.

UNIQUE REFERRAL CODE: NBM15965		DATE OF REFERRAL: 14/05/2025	
<b>GP DETAILS</b>			
Name: Dr Roberts/Michelle Hookham (CMHN)		Practice name: Kellyville Village Medical Centre	
Practice phone: 02 8003 7668		HealthLink EDI: 049686DH	
<b>PATIENT DETAILS</b>			
Name: Julie McGrath		DOB: 13/10/1965	
Healthcare card number: 204199226x		Expiry date: 31/10/2026	
Medicare number: 2225551224	Ref # 1	Expiry date: 12/27	
Known mental health diagnosis (Primary): Depression			
Known mental health diagnosis (Secondary): Complex PTSD - for consideration by psychiatrist			
Medications: Venlafaxine 75mg 1 capsule daily - see GP referral for other medications			
Has the patient experienced a recent history of self-harm, suicide attempt or were thoughts of suicide or self-harm a factor in obtaining this referral <input checked="" type="radio"/> Yes <input type="radio"/> No			
Labour force participation: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed/looking for work <input checked="" type="checkbox"/> Not in the labour force			
Patient income: <input type="checkbox"/> <16 years old <input type="checkbox"/> Paid employment <input type="checkbox"/> Disability Support <input checked="" type="checkbox"/> Other pension <input type="checkbox"/> Nil			
Relationship status: <input type="checkbox"/> Married or De facto <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Separated			
<b>KEY SUPPORTS: Patient has given consent to contact support person: <input checked="" type="radio"/> Yes <input type="radio"/> No</b>			
Name: Jade McGrath		Phone: 0424 167 259	
Relationship to patient: Daughter			
<b>OTHER MENTAL HEALTH PROFESSIONALS CURRENTLY INVOLVED IN PATIENT'S CARE</b>			
Name: Michelle Hookham		Phone: 0423 162 001	
Name:		Phone:	
Patient has given consent to contact <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>REASON FOR REFERRAL</b>			
Julie is currently seeking a formal diagnosis for her DSP application from a psychiatrist. I (Michelle Hookham) have written a comprehensive report to support her DSP application, which will help in your mental health assessment and diagnosis. My impression is that Julie meets the criteria for CPTSD, however formal diagnosis is outside the scope of my practice.			
<b>ADDITIONAL REFERRAL NOTES</b>			
I contacted Dokotela on the 14th of May, and was given permission to complete the NBM PHN Dokotela referral form on behalf of Dr Roberts. Dr Roberts is aware of the referral. There is a time pressure for Julie's DSP application, and she would appreciate being given an appointment at your earliest convenience.			

**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: June A Crabb Date: 14.5.2025

**Consent for children and young people**

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Patient, or guardian has given informed verbal consent on (date): \_\_\_\_\_

**GP STAMP OR SIGNATURE AND DATE**

MICHELLE HOOKHAM / HEALTH DYNAMIS PTY  
MENTAL HEALTH & HOMEOPATHY  
8 CHRISTIE ST, P.O. BOX 297  
WINDSOR 2756 ; PH: 4577 4435  
health@michellehookham.com.au  
ABN:55 660 281 238

 14.5.2025

**PLEASE ENSURE THE FOLLOWING STEPS ARE FOLLOWED BEFORE SENDING TO DOKOTELA**

- ☒ This referral form is complete & includes a referral code obtained from Wentworth Healthcare
- ☐ A current K-10 or K-5 (suitable for Aboriginal and Torres Strait Islander peoples, or, for children and adolescents between 8-17, an age-appropriate version of the SDQ has been completed and is attached
- ☒ There is a current mental health treatment plan attached
- ☒ A medication summary and patient psychiatric history has been attached

*See Dokotela referral for more information*

**Please send completed referral form and attachments to DOKOTELA Pty Ltd  
HealthLink EDI: Dokotela  
Secure Fax: (02) 8569 1844**

# 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	M/F	Patient Post Code	PTS REFERRAL CODE
22/2/24	JMcG	1965	F	2756	NBM: 10778

PTS Provider / Fax Michelle Hookham

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 required for all patients except those being referred to Bushfire/Flood streams.**

- ☐ General / new patients affected by the COVID-19 pandemic (No HCC required)
- ☐ Disaster Recovery (bushfire/flood) (No HCC or MHTP required)
- ☐ Young people 12-25 years old across the region (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)
- ☒ PTS Extended (Individuals aged 25 and over with additional complex trauma) (HCC and MHTP required)
- ☐ PTS Child Services (Family HCC and MHTP required)

This referral is valid for 2 months and expires on: 22/2/24  
The first PTS session must occur on or before the expiry date

This patient needs to return to me for a review by: 22/05/2024  
The review with the GP required within 6 months of the referral date

**Diagnosis (select all applicable)**

- ☐ Depression
- ☐ Psychotic disorder
- ☒ PTSD or disclosed complex trauma
- ☐ Anxiety disorder
- ☐ Unexplained somatic disorder
- ☐ Social phobia
- ☐ Other (Please list) \_\_\_\_\_

**Preferred mode of service delivery**

☒ Face to face

☐ No preference

☐ Telehealth

GP Signature or Stamp:

**Dr. Therese Roberts**  
Provider No. 049686DH  
Kellyville Village Medical Centre  
Shop 10 (inside next to Coles)  
90 Wrights Rd, Kellyville NSW 2155  
Tel: (02) 8814 1555 Fax: 8814 1786

**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*.

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Patient Signature

Date

22/2/24

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

Parent/Guardian/Carer Name:

Contact number:

Email:

Signature

Date

### Referral Requirements:

**PTS underserved and hard to reach population groups:** (5 sessions per referral, and eligible for one re-referral)

- **Aboriginal and Torres Strait Islander origin** – individuals whom identify as Aboriginal or Torres Strait Islander and require access to psychological therapy (No Healthcare or Pension Card required).
- **Perinatal** – women whom are pregnant, or have had a child within the past 12 months and require access to psychological therapy (Healthcare, Pension or Family HCC required).
- **Alcohol & Other Drugs** – requires a person to have a co-existing substance use and mental health issue, both of which are clinically and/or socially significant. Please note: the person engaging in therapy sessions must not be under the influence of AOD (Healthcare or Pension card required).
- **Carers** – people who provide personal care, support and assistance to another individual due to disability, medical condition (including terminal or chronic illness), mental illness or are frail and aged. A person is not eligible if they provide care for payment, as a volunteer for an organisation, or as part of the requirements of a course of education or training (Healthcare or Pension card required).
- **Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI) people** – individuals whom identify as LGBTQI, or have concerns related to their experience of sexuality or gender (Healthcare or Pension card required).
- **Young People aged 12 – 25 years** whom reside in the Blue Mountains or Hawkesbury LGA - (Healthcare, Pension or Family HCC required).

**General / New patients affected by the COVID-19 pandemic:** (6 sessions per referral, and eligible for one re-referral)

- People who have not accessed PTS since 2020 and have had their mental health affected by the COVID-19 pandemic (No HCC or Pension card required).

**Child Psychological Services:** (6 sessions per referral, and eligible for one re-referral)

- Children under 12 years of age, who have or are at risk of developing a mild to moderate mental health, behavioural or emotional disorder and are likely to benefit from short term intervention (Family HCC or Pension card required).

**Extended/Longer term Therapy Services:** (12 sessions per referral and eligible for 4 referrals in total)

- Individuals living with moderate to severe mental illness with added complexity e.g. trauma, and people with severe or complex presentations that do not require substantial clinical care coordination.
- Must be over 25 years of age or older and possess a HCC or Pension card.

**Disaster Recovery (bushfire/flood):** (10 sessions until December 2023)

The Disaster Recovery PTS stream is available to anyone in our region experiencing high levels of distress resulting from recent bushfires or floods. For example, people who have experienced loss of property, loss of business income, or have experienced significant mental health impacts as a result of the threat of bushfire or flood, which could be from past trauma. People can be referred under both bushfire and flood, if eligible.

- No Healthcare or Pension card required
- No Mental Health Care Plan is required, however GP may complete one at their discretion.

Date of Birth 13/10/1965  
Phone (02) -

Other care plan YES ☐  
Eg GPMP / TCA NO ☐

2 or nurse  
ently involved in  
ent care

**SENTING ISSUE(S)** depressed mood  
it are the patient's anxiety  
ent mental health reliving past relationship trauma

**IENT HISTORY**                      depression

ord relevant biological  
hological and social  
ry of mental disorders  
any relevant  
stance abuse or  
ical health problems

Atozet 10mg;80mg Tablet	1 Tablet in the evening.
Cartia 100mg Tablet	1 Tablet Daily.
Jardiamet 12.5/1000 12.5mg;1000mg Tablets	1 Tablet Twice a day.
Pantoprazole 40mg Tablet	1 Tablet in the evening.
Perindopril 4mg Tablet	1 Tablet Daily.
Sotalol 80mg Tablet	½ Twice a day.
venlafaxine 37.5mg	daily

**ERGIES** Nil known.

**OTHER RELEVANT INFORMATION** separated from husband since 2005  
myocardial infarction, pacemaker 2018  
Type 2 Diabetes

**SUBJECTS OF MENTAL EXAMINATION** Emotional and teary woman who presents with youngest daughter on pretext of requesting routine medical review who requests a mental health care plan to help her deal with her worsening depressive mood and anxiety and reliving of past relationship trauma.

### LESS AND MORBIDITIES

- any associated risks
- co-morbidities
- including suicidal
- tendencies and risk to
- others

TCOME TOOL USED RESULTS:

**GNOSIS**                  **Complex Trauma Reaction; depression**

## PATIENT NEEDS / MAIN ISSUES

### ASSESSMENT

Record the mental health goals agreed to by the patient  
1 GP and any actions the patient will need to take

to process and develop strategies to help her deal with  
memories of previous and significant relationship trauma  
to improve wellbeing

### TREATMENTS

Treatments, actions and support services to achieve  
patient's goals

cbt  
ipt  
mindfulness  
supportive therapy

### CRISIS / RELAPSE

Required, note the arrangements for crisis intervention  
and/or relapse prevention

### REFERRALS

Note: Referrals to be provided by GP, as required, in up  
to two groups of six sessions. The need for the second  
group of sessions to be reviewed after the initial six  
sessions.

APPROPRIATE PSYCHO-EDUCATION PROVIDED	Yes
PLAN ADDED TO THE PATIENT'S RECORDS	Yes
COPY (OR PARTS) OF THE PLAN OFFERED TO OTHER PROVIDERS	Yes
COMPLETING THE PLAN	

On completion of the plan, the GP is to record that  
she/he has discussed with the  
patient:

- the assessment
- all aspects of the plan and the agreed date for review;  
and
- offered a copy of the plan to the patient and/or their  
carer (if agreed by patient)

05/10/2023

DATE PLAN COMPLETED:

REVIEW DATE (initial review 4 weeks to 6 months after  
completion of plan): 03/03/2024

REVIEW COMMENTS (Progress on actions and tasks)

OUTCOME TOOL RESULTS ON REVIEW