

# 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
23/10/25	LT	1972	F	2756	NBM: 17375

## PTS Practitioner Details

Name: MICHELLE HOOKHAM Contact Number: 45774435

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: GP review occurs monthly  
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 checked="" 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 type="checkbox"/> Unemployed <input checked="" 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 <i>Carer allowance</i> <input type="checkbox"/> Compensation payments <input type="checkbox"/> Other (super, investments, etc.) <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Telehealth preference
Last outcome measure	<input checked="" type="checkbox"/> K10 <input type="checkbox"/> K5 <input type="checkbox"/> SDQ Score: <u>39</u> Date Administered: <u>23/10/25</u>		
Diagnosis	<u>Anxiety Depression</u>		
KEY SUPPORTS: Patient has given consent for GP/Provider to contact support person: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Name:	<u>ALEX THOMAS</u>		Phone: <u>0414 955150</u>
Relationship to patient: <u>HUSBAND</u>			
OTHER MENTAL HEALTH PROFESSIONALS CURRENTLY INVOLVED (e.g. psychiatrist, social worker)			
Name:	Phone:		
Name:	Phone:		

GP Signature or Stamp:


**Dr Susan Beattie**

BSc(Med), MBBS(UNSW)Hons, FRACGP,

DCH, Dip Occ Med

Provider No: 238620NT

**Nonwest General Practice**

Suite 5 / 1 Celebration Drive

Bella Vista NSW 2153

Ph: 02 8824 4716

**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

23/10/25
**Consent for Patient under 18 years of age:**

Parent/Guardian/Carer Name:

Contact number:

Email:

Signature

Date



## GP MENTAL HEALTH CARE PLAN

## PATIENT ASSESSMENT

Patients name	Mrs Lina Thomas	Date of Birth	30/09/1972
Address	58 Burgess Rd Freemans Reach 2756	Phone	4561 2107
Carer details and/or emergency contact(s)		Other care plan Eg GPMP / TCA	YES <input type="checkbox"/> NO <input type="checkbox"/>
GP Name / Practice	Norwest General Practice	Medical Records No.	
AHP or nurse currently involved in patient care			

  

PRESENTING ISSUE(S) What are the patient's current mental health issues	Daughter with severe disabilities, has anxiety relating to Ava, finances and children's wellbeing. Has had some depression related to daughter's illnesses and having to battle to get anything done for her. Dealing with uncertainty with daughter's progress and therefore difficulty to plan. Very limited development of daughter's ability, feels like a loss/grief reaction		
PATIENT HISTORY Record relevant biological psychological and social history of mental disorders and any relevant substance abuse or physical health problems	Long history of depressive symptoms, first diagnosed when in year 11-sister got pregnant and she bore a lot of responsibility in looking after others		
MEDICATIONS attach information if required)	Breo Ellipta 200/25 200mcg;25mcg Powder for inhalation	1 Dose Daily.	
	Candesartan 8mg Tablet	1 Tablet Daily.	
	Lexapro 20mg Tablet	1 Tablet Daily.	
	Ventolin CFC-Free 100mcg/dose Inhaler	2 puffs As directed.	

  

ALLERGIES	Naproxen	Vomiting, Moderate
	Diclofenac	Vomiting, Moderate

  

ANY OTHER RELEVANT INFORMATION	daughter with severe disabilities, 3 other older children
RESULTS OF MENTAL STATE EXAMINATION Record after patients has been examined	Good insight, no manic symptoms, no delusions, no hallucinations, no TOSH or suicide.

  

RISKS AND CO-MORBIDITIES Note any associated risks and co-morbidities including suicidal tendencies and risk to others	Mother and father depression
OUTCOME TOOL USED (10)	RESULTS: 28
DIAGNOSIS	Anxiety

PATIENT NEEDS / MAIN ISSUES	Developing some goals - long and short term goals for the year and subsequent years.
GOALS	
Record the mental health goals agreed to by the patient and GP and any actions the patient will need to take	
TREATMENTS	Psychology, medication
Treatments, actions and support services to achieve patients goals	
CRISIS / RELAPSE	Alex
If required, note the arrangements for crisis intervention and/or relapse prevention	
REFERRALS	Yes
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 he/she 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)	
DATE PLAN COMPLETED:	17/02/2025
REVIEW DATE (initial review 4 weeks to 6 months after completion of plan):	23/10/25
REVIEW COMMENTS (Progress on actions and tasks)	Has been struggling a lot with depression and anxiety over past few months. Has stopped lexapro, about to start on Sertraline. Has been having difficulties with daughter with special needs-daughter in a lot of pain and can't get a solution for a while.
OUTCOME TOOL RESULTS ON REVIEW	K10 39

## K10 Assessment

**Patient:** Mrs Lina Thomas

**Assessment Date:** 23/10/2025

Question	Response	Score
In the past 4 weeks:		
1. About how often did you feel tired out for no good reason?	Most of the time	4
2. About how often did you feel nervous?	Most of the time	4
3. About how often did you feel so nervous that nothing will calm you down?	Most of the time	4
4. About how often did you feel hopeless?	Most of the time	4
5. About how often did you feel restless or fidgety?	Most of the time	4
6. About how often did you feel so restless you could not sit still?	Some of the time	3
7. About how often did you feel depressed?	Most of the time	4
8. About how often did you feel that everything is an effort?	Most of the time	4
9. About how often did you feel so sad that nothing could cheer you up?	Most of the time	4
10. About how often did you feel worthless?	Most of the time	4

**Total Score:**

**39**