

# PSYCHOLOGICAL THERAPY SERVICES

## Referral Form

This referral is only valid with a PTS Referral Code, obtained from Nepean Blue Mountains PHN. Attach this referral letter to the Mental Health Treatment Plan/Review and send to the PTS AHP.

**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

**PTS Provider / Fax** \_\_\_\_\_

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 Aboriginal and Torres Strait Islander People (all Streams), and people being referred to Bushfire/Flood Streams.**

- Bushfire /  Flood (**No HCC or MHTP required**)
- Carer of a person with disability, medical condition, mental illness or frail (HCC and MHTP required)
- Young people 12-25 years who reside in the Blue Mountains or Hawkesbury LGA (HCC and MHTP required)
- Perinatal (HCC and MHTP required)
- Aboriginal and 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 Drug (HCC and MHTP required)
- PTS Extended / Over 25 years of age, with complex trauma (HCC and MHTP required)
- Children PTS Child Services (Family HCC and MHTP required)

**This referral is valid for 2 months and expires on:**

*The first PTS session must occur on or before the expiry date*

\_\_\_\_\_

**This patient needs to return to me for a review by:**

*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
- PTSD or disclosed complex trauma
- Social phobia
- Other (Please list)

\_\_\_\_\_

**GP Signature or Stamp:**

**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**

**Referral Requirements:**

- **Aboriginal and Torres Strait Islanders** – 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).

**Child Psychological Services:** *(six 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 hours per referral and eligible for one re-referral each calendar year for up to two years.*

- 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 and possess a HCC or Pension card.

**Bushfire / Flood:** *(10 sessions until June 2022)* The Bushfire / Flood 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.

- **No Healthcare or Pension card required**
- No Mental Health Care Plan is required, however GP may complete one at their discretion.
- Where appropriate, couples or family members who meet the eligibility criteria may be referred and seen together rather than individually.