

MENTAL HEALTH TREATMENT PLAN (MHTP)

BETTER ACCESS – GP REFERRAL FORM

To:

Donna-Marie Thompson (Dee)

Clinical Psychologist

Dee Thompson Psychology

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Please note: This practice accepts referrals for women aged 18 years and over only.

PATIENT DETAILS

- **Full Name:** _____
 - **Date of Birth:** ____ / ____ / ____
 - **Medicare Number:** _____
 - **Mobile Phone:** _____
 - **Email:** _____
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ELIGIBILITY CONFIRMATION (GP TO COMPLETE)

☐ I confirm that a **Mental Health Treatment Plan (MHTP)** has been **completed for this patient** in accordance with Medicare Better Access requirements.

☐ The patient meets eligibility criteria for **psychological treatment** under the Better Access initiative.

DIAGNOSIS (tick all that apply)

Below are the presentations accepted by Dee Thompson Psychology

(Diagnosis must be consistent with Better Access eligibility)

☐ Anxiety Disorder

☐ Panic

☐ Post-Traumatic Stress Disorder (PTSD) / Acute Stress Disorder

☐ Adjustment Disorder (may apply to women experiencing relationship difficulties or following relationship breakdowns)

☐ Other relevant information to factors impacting patient mental health (please specify):

REFERRAL DETAILS

- **Type of service requested:**

☒ **Psychological Treatment**

- **Number of sessions requested:**

☐ Please specify number (*Maximum 6 sessions per referral under Better Access*)

- **Referral Date:** ____ / ____ / ____

(Referral must be dated and current at time of first session)

REFERRING PRACTITIONER DETAILS

- **GP Full Name:** _____
 - **Practice Name:** _____
 - **Provider Number:** _____
 - **Practice Address:** _____
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- **Practice Phone:** _____
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GP DECLARATION

I confirm that the above information is accurate and that this referral complies with **current Medicare Better Access requirements** for psychological treatment.

- **GP Signature:** _____
 - **Date Signed:** ____ / ____ / ____
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IMPORTANT NOTES FOR REFERRERS

- Medicare rebates **cannot be claimed** by a patient without:
 - A completed Mental Health Treatment Plan (a copy is not required if this referral is completed in full)
 - A valid, dated referral specifying **psychological treatment**
 - A nominated number of sessions up to a maximum of six (6)
 - GP provider number and signature
- Incomplete or non-compliant referrals **cannot be accepted**.

Thank you for providing your patient with an eligible referral. Should it be accepted, we look forward to providing you updates on your patient's psychological care and progress as required.

Please don't hesitate to send an email should you wish to enquire in relation to your patient's treatment.



Dee Thompson Psychology

Psychological care for women seeking clarity, context, and agency