Dear Dr (name)

**Re: Client name. D.O.B: Client address**

Thank you for reviewing (client name). (Client name) was referred for short-term focused psychological strategies on (insert date) and upon presentation to counselling reported (symptoms and identified risks). In consultation with (client name), he/she has identified a number of goals that they wish to work on. (To date our sessions/ Sessions since my last review) have focused on the following.

1. Initial Assessment and engagement
2. Client goals and therapeutic strategies utilised to address these goals
3. Client goals and therapeutic strategies utilised to address these goals

A HoNOS/HoNOSCA/HoNOS65+ was completed for (Patient name) after initial assessment and after the completion of six sessions/12 sessions/ their final session.

or

A HoNOS/HoNOSCA/HoNOS65+ was completed for (Patient name) after initial assessment, at the completion of six sessions/12 sessions and the completion of 12 sessions/24 sessions/their final session.

or

A HoNOS/HoNOSCA?HoNOS65+ was completed for (Patient name) after initial assessment, at the completion of six sessions/12 sessions, after the completion of 12 sessions/24 sessions and the completion of 18 sessions/30 sessions/their final session.

or (for clients who’s last session was their final assessment session)

A HoNOS/HoNOSCA/HoNOS65+ was completed for (Patient name) after initial assessment.

The results for this/these measures are as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome Measure** | **Assessment** | **Review 1** | **Review 2** | **Review 3** |
| **HoNOS** |  |  |  |  |
| **HoNOSCA** |  |  |  |  |
| **HONOS65+** |  |  |  |  |

(Patient name) has reported that (provide progress report on presenting issues).

Examples of next paragraph **(Please understand that the below paragraphs are examples and that the content of this report can be amended from this point onwards to include content deemed appropriate)**

1. In consultation with (patient name) he/she has identified that they would like to continue counselling and I believe that he/she could benefit from more sessions. If you agree Dr (name) could you please complete a mental health treatment plan review and a mental health services referral form. Future sessions would focus on (outlined techniques). If you would like any further information, or if I can be of further assistance, please do not hesitate to contact me on (insert number).

or for patient that started in SPS

2. In consultation with (patient name) he/she has identified that they would like to continue counselling and I believe that he/she could benefit from more sessions. If you agree Dr (name) could you please complete a mental health treatment plan and a mental health services referral form for (appropriate ATAPS program name). Future sessions would focus on (outlined techniques). If you would like any further information, or if I can be of further assistance, please do not hesitate to contact me on (insert number).

Or for patient switching to SPS

3. In consultation with (patient name) he/she has identified that they would like to continue counselling and I believe that he/she could benefit from more sessions. Given the risk issues identified

by (patient name) I believe that he/she could benefit from a referral to the Suicide Prevention Service. If you agree Dr (name) could you please complete a mental health treatment plan review, mental health services referral form and a Sheehan Suicidality Tracking Scale. Future sessions would focus on (outlined techniques). If you would like any further information, or if I can be of further assistance, please do not hesitate to contact me on (insert number).

Or for a patient in the child mental health service

4. In consultation with (patient name) and (parent name) they have identified that they would like to continue counselling and I believe that he/she could benefit from more sessions. If you agree Dr (name) could you please complete a mental health treatment plan review, a Strengths and Difficulties Questionnaire and a mental health services referral form. Future sessions would focus on (outlined techniques). If you would like any further information, or if I can be of further assistance, please do not hesitate to contact me on (insert number).

Or for patient being referred to the Mental Health Nurse Incentive Program or another service

5. In consultation with (patient name) he/she has identified that they would like to continue counselling and I believe that he/she could benefit from more sessions. Unfortunately (patient name) has accessed all of the ATAPS sessions that are available to them this year. Due to the chronic and complex nature of this patient’s presentation I believe that they would benefit from a referral to the Mental Health Nurse Incentive Program and (patient name) has agreed to this referral. If you agree Dr (name) could you please complete a mental health treatment plan and a mental health services referral form. If you would like any further information, or if I can be of further assistance, please do not hesitate to contact me on 9871 1000.

or

In consultation with (patient name) he/she has identified that they would like to continue counselling and I believe that he/she could benefit from more sessions. Due to the chronic and complex nature of this patient’s presentation I however believe that they would benefit from a referral to the Mental Health Nurse Incentive Program and (patient name) has agreed to this referral. If you agree Dr (name) could you please complete a mental health treatment plan and a mental health services referral form. If you would like any further information, or if I can be of further assistance, please do not hesitate to contact me on (insert number).

Or for patient concluding with the service

5. In consultation with (patient name) he/she has identified that (provide rationale for stopping therapy). As such I will be discharging (patient name) from the ATAPS program. If you would like any further information, or if I can be of further assistance, please do not hesitate to contact me on (insert number).

or

Unfortunately (Patient name) has not returned for therapy since their (insert session number) and I have been unable to contact them. As such I am closing their referral at this time. If (Patient name) does identify a need for further support from ATAPS in the future, Eastern Melbourne PHN will be happy to support an appropriate referral from you.

Yours sincerely,

Clinician name

Profession