

**Psychological Therapy Services Program
FINAL REPORT FROM PTS AHP To GP**

FINAL REPORT

Please send this two page report to the referring GP within 7 days of conclusion of the agreed sessions

PTS Referral Code:	_____	Referring GP:	_____
Patient Name:	_____	No of sessions (max. 5)	_____
Date of Birth:	_____	Date of first session	_____
		Date of last session	_____

Initial assessment findings (incl. any outcome tools used):

Summary of progress throughout the sessions:

Any ongoing issues:

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Any other relevant information:

Suggestions for further management:

PTS Provider Name:	
Signature:	
Date:	
Practice Name:	
Ph:	

Please return this to the referring GP, and retain a copy for your records.

*Any queries regarding the PTS program should be directed to
Nepean-Blue Mountains Primary Health Network – PTS Manager on 02 4708 8139*