

GP MENTAL HEALTH PLAN		ITEM 2710	
PATIENT MEDICARE NUMBER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Patient name			
Address			
Phone		DOB	
Carer details and/or emergency contact/s			
GP Name / Practice		Provider Number	
Allied Health Provider currently involved in patient care (if applicable)			
Presenting issue/s			
Diagnosis (Provisional)	<input type="checkbox"/> Adjustment disorders <input type="checkbox"/> Anxiety <input type="checkbox"/> Behavioural problems <input type="checkbox"/> Depression <input type="checkbox"/> Developmental queries <input type="checkbox"/> Post natal depression <input type="checkbox"/> Eating disorder <input type="checkbox"/> Emotional problems <input type="checkbox"/> Social problems <input type="checkbox"/> Other, please specify _____		
Relevant Patient history			
Medications			
Allergies			
Other relevant information			
Risks and co-morbidities			
Outcome tool used		Results/Score	

MENTAL STATE EXAMINATION (Record results after patient has been examined)	
Appearance & General Behaviour Untidy / Casual / Well Groomed	Mood (Depressed / Labile) Normal / Low / High
Thinking (Content / Rate / Disturbances) Clear / Disturbed	Affect (Flat / Blunted) Normal / Flat / Reactive
Perception (Hallucinations etc) Normal / Disturbed	Sleep (Initial Insomnia / Early Morning Wakening) Normal / Disturbed
Cognition (Level of Consciousness / Delirium / Intelligence)	Appetite (Disturbed Eating Patterns) Normal / Increased / Decreased
Attention / Concentration Normal / Disturbed	Motivation / Energy Normal / Low / High
Memory (Short and Long Term) Normal / Disturbed	Judgement (Ability to make rational decisions) Clear / Disturbed
Insight Clear / Disturbed	Anxiety Symptoms (Physical & Emotional)
Orientation (Time / Place / Person) Clear / Disturbed	Speech (Volume / Rate / Content) Normal / Slow / Pressured

What is the client's attitude to the referral?	<input type="checkbox"/> Agreeable and likely to be fully cooperative with the assessment <input type="checkbox"/> Ambivalent but likely to accept assessment <input type="checkbox"/> Hostile and refuses to participate in assessment
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PATIENT PLAN

Patient Needs / Main Issues / Problems	Goals (Record the mental health goals agreed by the patient and GP and any actions the patient will need to take)	Treatments Treatments, actions and support services to achieve patient goals

Crisis /relapse prevention plans If required, note the arrangements for crisis intervention and/or relapse prevention	
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Appropriate psycho-education provided (please mark with an "X")		Plan added to patient's record (please mark with an "X")		Copy (or parts) of the plan offered to other providers (please mark with an "X")	
YES	NO	YES	NO	YES	NO

FINALISING THE PLAN

On completion of the plan, the GP is to record that he/she has gained consent for the plan and review and discussed with the patient:

- the assessment
- all aspects of the plan, and
- offered a copy of the plan to the patient, and/or carer and/or allied health professional or BOMHC Level 2 GP (if agreed by patient)

Date plan completed		Review date (initial review 1 to 6 months after completion of plan)	
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I give my consent to share clinical notes with my General Practitioner and my treating Psychologists (group / individual).
I agree to my de-identified information being used to assist with research data.

Record Patient agreement to GP Mental Health Plan	Patient Signature:
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GP/PATIENT - REVIEW #1 Item 2712

Review comments (Progress on actions and tasks outlined in GP Mental Health Care Plan)	
Outcome tool (Results on review)	
Patient referred for another set of 6 sessions	<input type="checkbox"/> Yes <input style="margin-left: 100px;" type="checkbox"/> No
GP Signature:	Date:

GP/PATIENT - REVIEW #2 Item 2712

Review comments (Progress on actions and tasks outlined in GP Mental Health Care Plan)	
Outcome tool (Results on review)	
Patient referred for another set of 6 sessions	<input type="checkbox"/> Yes <input style="margin-left: 100px;" type="checkbox"/> No
GP Signature:	Date:

NOTE: Additional reviews can be conducted utilising Item 2713 or standard consultation item. Please record on patient record.