GP Mental Health Treatment Plan

MBS Item No: 2700,2701 / 2715,2717

FAX TO: **8408 1699**

GP Name		
GP Practice Name		
Address (can use stamp)	**Post Code**	
Phone Number		**Fax Number**
GP Signature		**Date:**

Patient Surname		**Given Names**	
Address			
Mobile Number		**Other contact Number**	
Gender		**DOB**	
Key Family Support/ Contact details			

Problem/Provisional Diagnosis	**Action/Goal/Expected Outcomes**
1.	1.
2.	2.

Preferred mode of therapy	
☐ Diagnostic Assessment ☐ Psycho-education ☐ Cognitive Behavioural Therapy (CBT) ☐ Interpersonal Therapy	☐ Behavioural interventions ☐ Relaxation Strategies ☐ Skills Training ☐ Other _____

Does the person speak a language other than English at home?	☐ Yes; please specify _____	☐ No. English only
How well does the person speak English?	☐ Very well ☐ Well	☐ Not well ☐ Not at all
Interpreter required:	☐ Yes	☐ No
Aboriginal/Torres Strait Islander:	☐ Yes	☐ No
Highest level of education completed	☐ Primary or below ☐ Secondary Year 10 ☐ Secondary Year 11	☐ Secondary Year 12 ☐ Tertiary

Current Medications (or attach medication summary)

- ☐ Benzodiazepines and anxiolytics _____
- ☐ Antidepressants _____
- ☐ Mood Stabilisers _____
- ☐ Phenothiazines and major tranquillisers _____
- ☐ Other _____

Current psychosocial stressors (accommodation, relationships, financial etc)

Mental Health History /Family History / Treatment

_____

_____

Has the person ever received specialist mental health care? Yes/No

If yes, when and where? _____

Abuse History	☐ Alcohol	☐ Tobacco	☐ Drugs
	☐ Past Sexual Abuse	☐ Past Physical Abuse	☐ Other _____

Mental Status Examination

Appearance and General Behaviour ☐ Normal Other:	**Mood** (depressed/Labile) ☐ Normal Other:
Thinking (Content/Rate/Disturbances) ☐ Normal Other:	**Affect** ☐ Normal Other:
Perception (Hallucinations etc.) ☐ Normal Other:	**Sleep** (Initial Insomnia/Early Morning Wakening) ☐ Normal Other:
Cognition (Level of Consciousness/Delerium/Intelligence) ☐ Normal Other:	**Appetite** (Disturbed Eating Patterns) ☐ Normal Other:
Attention/Concentration ☐ Normal Other:	**Motivation/Energy** ☐ Normal Other:
Memory (Short and Long Term) ☐ Normal Other:	**Judgement** (Ability to make rational decisions) ☐ Normal Other:
Insight ☐ Normal Other:	**Anxiety Symptoms** (Physical and Emotional) ☐ Normal Other:
Orientation (Time/Place/Person) ☐ Normal Other:	**Speech** (Volume/Rate/Content) ☐ Normal Other:

Outcome Measures - Please attach completed outcome tool copy

DASS 21 (please double individual column scores) D _____ A _____ S _____	**Other: (K10 etc)**

Current Suicide Risk Assessment

☐ NIL Currently

☐ Suicidal Ideation

☐ **Current Suicidal Planning – EMERGENCY - 000- ask for Police**

☐ **Suicidal Intent – refer to ACIS Ph.** 7425 7000 / 13 14 65

☐ **Possible harm to others– refer to ACIS Ph.** 7425 7000 / 13 14 65

Other Mental Health Professionals Involved in Patient Care (Name/Profession/Org/Contact Details)

Record of Patient Consent:

I_____ (**patient** name - please print clearly)

Agree to information about my mental health and well being to be shared between the GP and the counsellor(s) to whom I am referred, to assist in the management of my health care.

Signature (patient):_____ **Date:** _____

For Patients under 16 years:

Carer Name:_____**Carer Signature:**_____

I (GP) have discussed the proposed referral(s) with the patient and am satisfied that the patient understands the proposed uses and disclosures and has provided their informed consent to these.

GP Signature:_____**Date :** _____

Patient Education Given: Yes / No		**Copy of MH Plan given to Patient:** Yes / No	
Other relevant information attached (please tick and fax with 2710)	☐ Medical Director Health Summary	☐ MH outcome measures	☐ Physical Status Assessment (MH Shared Care 2)

RISK ASSESSMENT

Please circle one number in each category

RISK OF HARM TO SELF/OTHERS –

0. None (no thoughts or action of harm).	**1. Low** (Fleeting thoughts of harming themselves or harming others but no plans/current low alcohol or drug use).	**2. Moderate** (current thoughts/distress/past actions without intent or plans/moderate alcohol or drug use).	**3. Significant** (current thoughts/past impulsive actions/recent impulsivity/some plans, but not well developed/increased alcohol or drug use).	**4. Extreme** (Current thoughts with expressed intentions/past history/plans/ unstable mental illness/ high alcohol or drug use, intoxicated/violent to self/others/ means at hand for harm to self/others/firearms).

LEVEL OF PROBLEM WITH FUNCTIONING

0. None/Mild (No more than everyday problems/slight impairment when distressed).	**1. Moderate** (Moderate difficulty in social/occupational or school functioning/reduced ability to cope unassisted).	**2. Significant Impairment in one area** (either social, occupational or school functioning).	**3. Serious Impairment in several areas** (Social, occupational or school functioning).	**4. Extreme Impairment** (inability to function in almost all areas).

LEVEL OF SUPPORT AVAILABLE

0. No problems /Highly Supportive (all aspects/most aspects highly supportive/self/family /professional/ effective involvement).	**1. Moderately Supportive** (Variety of support available, able to help in times of need).	**2. Limited Support** (few sources of help, support system has incomplete ability to participate in treatment).	**3. Minimal** (few sources of support and not motivated)	**4. No support in all areas.**

HISTORY OF RESPONSE TO TREATMENT

0. No Problem/ Minimal Difficulties (Most forms of treatment have been successful/ new client).	**1. Moderate Response** (Some responses in the medium term to highly structured interventions).	**2. Poor Response** (Responds only in the short term with highly structured interventions).	**3. Minimal Response** (Minimal response even in highly structured interventions).	**4. No Response** (No response to any treatment in the past).

ATTITUDE AND ENGAGEMENT TO TREATMENT

0. No Problem/ Very Constructive (Accepts illness and agrees with treatment/new client)	**1. Moderate Response** (Variable/ ambivalent response to treatment).	**2. Poor Engagement** (Rarely accepts diagnosis).	**3. Minimal Response** (Client never cooperates willingly).	**4. No Response** (Client has only been able to be treated in an involuntary capacity).

Total circled numbers	**LOW**	**MEDIUM**	**HIGH**	**EXTREME**
/20	**0-4**	**5-9**	**10-14**	**15-20**