



GP MENTAL HEALTH TREATMENT PLAN

GP name and contact: _____

MBS Service	Specific training	Minutes	Item Code	Benefit
GP Mental Health Treatment Plan preparation	No MHST	> 20min	2700	\$69.00
		> 40min	2701	\$101.55
	MHST trained	> 20min	2715	\$87.60
		> 40min	2717	\$129.00
Review of plan	any	any	2712	\$69.00
MH consultation	any	any	2713	\$69.00

Patient

Name: _____ Phone: (____) _____
 Date of birth: ____/____/____ Address: _____
 Patient agrees to service
 Carer name: _____ Carer phone: (____) _____

TREATMENT PLAN

Assessment

Presenting Complaint: Mental State Examination done <input type="checkbox"/>	Background:
Medications: Allergies: _____	Alcohol/Benzodiazepines/Drug use:
K-10 Distress Scale (Rate from 1-5 as below) In the last 30 days about how often did you feel... 1 ...tired out for no good reason? _____ 2 ...nervous? _____ 3 ...so nervous that nothing could calm you down? _____ 4 ...hopeless? _____ 5 ...restless or fidgety? _____ 6 ...so restless you could not sit still? _____ 7 ...depressed? _____ 8 ...that everything was an effort? _____ 9 ...so sad that nothing could cheer you up? _____ 10...worthless? _____ K-10 SCORE: _____ Scoring: 1 = none of the time 2 = a little of the time 3 = some of the time 4 = most of the time 5 = all of the time Interpretation: <20 normal distress 20-24 mild distress 25-30 moderate distress 30-50 severe distress	PHQ-9 Patient Health Questionnaire (Rate from 0-3) In the last two weeks how often have you had the following? 1 Little interest or pleasure in doing things _____ 2 Feeling down, depressed or hopeless _____ 3 Trouble falling or staying asleep or sleeping too much _____ 4 Feeling tired or having little energy _____ 5 Poor appetite or little energy _____ 6 Feeling bad about yourself (a failure or let down self/others) _____ 7 Trouble concentrating on things, such as reading or TV _____ 8 Moving or speaking so slowly others noticed or the opposite- being fidgety or restless _____ 9 Thoughts that you would be better off dead or hurting yourself _____ PHQ-9 SCORE: _____ Scoring: 0 = not at all 1 = several days 2 = more than half the days 3 = nearly every day Interpretation: < 4 minimal 5-14 mild 15-19 moderate 20-27 severe

Review Plan

Provisional Diagnosis: _____ **Patient Goals:** _____

In crisis/acute suicidality: Contact or refer to the local acute care team or to emergency.

Treatments: Pharmacotherapy Internet CBT Education

Referrals (if required): Psychologist Psychiatrist Acute Care Team

Internet-based CBT (iCBT) is available for depression & various anxiety disorders. GPs can prescribe Internet CBT, register at thiswayup.org.au. iCBT includes psychoeducation.

Set review date: _____ Other plan: _____

Review of Mental Health Treatment Plan (Item 2712, \$69.00, 1-6 months after Mental Health Plan created, up to twice in 12 months)

Review Date: _____ Agrees to review K-10 score at review: _____ Review patient goals (met / unmet)

Further psychoeducation and plan: _____