ATAPS Child Treatment Plan Review

Access to Allied Psychological Services

(To be completed where a child does not have a mental health diagnosis)

medicare local
GREATER METRO SOUTH BRISBANE
Connecting health to meet local needs

Referring GP/Paediatrician/Psychiatrist Details		
Referrer Name:		Practice Name:
Phone:	Fax:	Referral Date:
Patient Details		
Name/Key:		Date of Birth:
Gender:		Postcode:

Treatment Information				
Progress on Actions and Tasks				
Risk Assessment	**Low**	**Moderate**	**High**	**Comments**
Self Harm				
Suicide				
Aggression				
Absconding				
Harm from others				
Attachment disturbance				

Referred for Which Strategies [tick all that apply]:			
	☐ Diagnostic Assessment ☐ Psycho-education ☐ Cognitive Intervention (CBT) ☐ Behavioural Intervention ☐ Parenting Training	☐ Family Based Interventions ☐ Attachment Intervention ☐ Parent-Child Interaction Therapy ☐ Group Work	☐ Other: ____________________

Treatment Goals (eg, what will be different/improved as a result of this referral?) [provide details below]:

Issue	Goal

Forward completed form together with the ATAPS Patient Review Request Form
via: fax 3864 7599 to GMSBML.

www.gmsbml.org.au
1st Floor Building 20 Garden City Office Park
2404 Logan Road Eight Mile Plains QLD 4113
PO Box 6435 Upper Mt Gravatt QLD 4122
t 1300 467 265 f 07 3864 7599

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