ATAPS Child Treatment Plan

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:		Date of Birth:
Phone:		Address:
Gender:		Postcode:

Treatment Information		
Presenting Issue (Provide a brief description of the child's concerns):		
Medical and Developmental History (Provide a brief summary of the child's previous physical and mental health history including any previous diagnoses and developmental issues/delays)		
Family Medical History (List any serious physical or mental health conditions that family members or relatives are known to have)		
Allergies and Current Medications		
Home and Family (List issues e.g. living situation, parental relationship, custody, supervision, siblings etc)		
Schooling		
Name of school:		**Year Level:**
Physical functioning and condition (e.g. sleep, appetite, nutrition)		

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 07 3864 7555 or 1300 467 265 f 07 3864 7599

Medicare Locals gratefully acknowledge the financial and other support from the Australian Government Department of Health
Metro South Medicare Local Ltd (ABN 53 151 707 765) Trading as Greater Metro South Brisbane Medicare Local
Printed copies of this document are uncontrolled
The approved version can be accessed from \Quality Management\Controlled Documents\

ATAPS Child Treatment Plan

Access to Allied Psychological Services

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

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 Consent Form & copy of parent/carer valid HCC/Concession Card 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 07 3864 7555 or 1300 467 265 **f** 07 3864 7599

Medicare Locals gratefully acknowledge the financial and other support from the Australian Government Department of Health
Metro South Medicare Local Ltd (ABN 53 151 707 765) Trading as Greater Metro South Brisbane Medicare Local