

**GP MENTAL HEALTH CARE PLAN (MBS ITEM NUMBER 2710 / 2712)
PATIENT ASSESSMENT**

Patient's Name	Mr Donald Duck	Date of Birth	10 Sep 1900
Address	20 Street Nunawading 3131 VIC	Phone	9890000355
Carer details and/or emergency contact	Name: Relationship: Contact Details:	Other care plan e.g. GPMP / TCA	Yes <input type="checkbox"/> No <input type="checkbox"/>
GP Name / Practice			
AHP or nurse currently involved in patient care	Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical Records No.	
PATIENT CONSENT Patient has agreed to GP Mental Health Care Plan service	Yes <input type="checkbox"/> No <input type="checkbox"/>		
PRESENTING ISSUE(S) What are the patient's current mental health issues?			
PATIENT HISTORY Record relevant <ul style="list-style-type: none"> • biological • developmental history • psychological and • social history including any • family history of mental disorders &/or substance use • substance use history (incl drugs & alc) • physical health problems 	Clinical History: Asthma - Patient is allergic to smoke and dust <u>Comment:</u> Family History: <u>Abuse:drug(s) - Family history of drug abuse - xxx</u> <u>Addiction:smoking (tobacco) - A - xxx</u> <u>Smoking (tobacco) - Patient is addicted to smoking - xxx</u> <u>Comment:</u> Social History: Patient has history of smoking addiction and Asthma <u>Comment:</u>		
MEDICATIONS (attach information if required)			
Salbutamol sulfate 100 mcg/1 dose 200 doses (Airomir Autohaler Inhaler) Use three times a week <u>Comment:</u>			
ALLERGIES	20 Aug 2010 - Alcohol 09 Mar 2011 - Allergen extracts - Patient is allergic to dust and pollen		

	Comment:
ANY OTHER RELEVANT INFORMATION	

RESULTS OF MENTAL STATE EXAMINATION			
Record after patient has been examined			
	General Appearance and Behaviour		
	Speech (rate, volume, tone, quality)		
	Mood (depressed/ labile)		
	Affect (flat/ blunted)		
	Thought (content/ rate/ disturbance/ stream/ possession)		
	Perception (hallucinations, illusions etc)		
	Cognition (level of consciousness/ delirium /intelligence)		
	Attention/Concentration		
	Memory (short and long term)		
	Orientation (time / place / person)		
	Insight (understanding of their illness)		
	Judgment (ability to make rational decisions)		
RISKS AND CO-MORBIDITIES			
Note any associated risks and co-morbidities including suicidal tendencies and risks to others			
	Associated Risk		
	• suicide ideation		
	• suicide intent		
	• current plan		
	• access to means		
	• risk to others - neglect - violence / aggression etc		
	Assess co-morbidity		
Outcome Tool Used:		Results:	

DIAGNOSIS:

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PATIENT PLAN**

PATIENT NEEDS / MAIN ISSUES	GOALS Record the mental health goals agreed to by the patient and GP and any actions the patient will need to take.	TREATMENTS Treatments, actions and support services to achieve patient goals.	REFERRALS Note: Referrals to be provided by GP, as required, in up to two groups of six sessions. The need for the second group of sessions to be reviewed after the initial six sessions.
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CRISIS / RELAPSE If required, note the arrangements for crisis intervention and/or relapse prevention.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
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APPROPRIATE PSYCHO-EDUCATION PROVIDED	Yes No	PLAN ADDED TO THE PATIENT'S RECORDS	Yes No	COPY (OR PARTS) OF THE PLAN OFFERED TO OTHER PROVIDERS	Yes No
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COMPLETING THE PLAN On completion of the plan, the GP is to record that s/he has discussed with the patient: -the assessment; -all aspects of the plan and the agreed date for review; and -offered a copy of the plan to the patient and/or their carer (if agreed by patient)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Yes No Yes No Yes No
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DATE PLAN COMPLETED:	REVIEW DATE:
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REVIEW - MBS ITEM 2712 Note: If required, a separate form may be used for the Review. PATIENT CONSENT Patient has agreed to GP Mental Health Care Plan Review service Yes <input type="checkbox"/>	OUTCOME TOOL RESULTS ON REVIEW
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REVIEW COMMENTS (Progress on actions and tasks)

Note: For editing form please select Review Tab>Protect Document>Restrict Formatting and Editing>Stop Protection