

GP MENTAL HEALTH TREATMENT PLAN – VERSION FOR ADULTS

Notes: This form is designed for use with the following MBS items. Users should be familiar with the most recent item definitions and requirements.

MBS ITEM NUMBER: ☐ 2700 ☒ 2701 ☐ 2715 ☐ 2717

Major headings are **bold**; prompts to consider lower case. Response fields can be expanded as required.

Underlined items of either type are mandatory for compliance with Medicare requirements.

This document is not a referral letter. A referral letter must be sent to any additional providers involved in this mental health treatment plan.

Here is a printable version of the E-MENTAL HEALTH PATIENT INFORMATION BROCHURE for your patients

CONTACT AND DEMOGRAPHIC DETAILS

GP name	Dr Nadine KAULEY Riverview Shopping Centre Shop 26, 227 George Street Windsor 2756	GP phone	0245772677
GP practice name	Advance Medical Practice Windsor	GP fax	0245779722
GP address	Riverview Shopping Centre Shop 26, 227 George Street Windsor 2756	Provider number	5781093W
Relationship	This person has been my patient since		05/03/2024
	and/or		
	This person has been a patient at this practice since		10/11/2022
Patient surname	Horsfall	Date of birth (dd/mm/yy)	24/03/1994
Patient first name(s)	Pheonix	Preferred name	Pheonix
Gender	Female <input checked="" type="checkbox"/> Self-identified gender: Female		
Patient address	6a Conlan Street Bligh Park 2756		
Patient phone	Preferred number: 0400779558		Alternative number:
	Can leave message? Yes		Can leave message?
Medicare No.	2836317881	Healthcare Card/Pension No.	404764334c
Highest level of education completed		Secondary school	
		Comments: Completed year 12	
Carer/support person contact details			Has patient consented for this healthcare team to contact carer/support persons?
First contact:	Relationship:	Phone number 1:	With the following restrictions:
		Phone number 2:	

Second contact:	Relationship:	Phone number 1: Phone number 2:	With the following restrictions:
Emergency contact person details			Has patient consented for this healthcare team to contact emergency contacts?
First contact: Dawn Kelly	Relationship: Mother	Phone number 1: 0403495087 Phone number 2:	
Second contact: Jessy Trevena	Relationship: Partner	Phone number 1: 0410867359 Phone number 2:	
SALIENT COMMUNICATION AND CULTURAL FACTORS			
Language spoken at home	English	Other:	
Interpreter required	No	Yes, Comments:	
Country of birth	Australia	Other:	
Other communication issues			
Other cultural issues			

PATIENT ASSESSMENT – MENTAL HEALTH

<u>Reasons for presenting</u> Consider: <ul style="list-style-type: none"> • What are the patient's current mental health issues? • Requests and hopes 	Severe anxiety, depression and stress in context of ongoing carer and financial stressors, on a background of being a previous victim of domestic violence and emotional abuse in childhood	
<u>History of current episode</u> Consider: <ul style="list-style-type: none"> • Symptom onset, duration, intensity, time course 	Worsening over the last 12 months - Partner recently started TAFE, Phoenix now sole income-earner for 5-person household including three children (9, 8, 7 - youngest with likely ASD and ADHD) - Recent physical and psychological abuse by children's father (ex-partner) towards children, who sees them once a fortnight (unsupervised)	
<u>Patient history</u> Consider:		
<ul style="list-style-type: none"> • <u>Mental health history</u> 	Known history of anxiety and depression - Previously known to psychologist Michelle Hookham 2021 to 2022	
<ul style="list-style-type: none"> • <u>Salient social history</u> 	Lives with partner Jessy and three children Ex-partner, also father of children, has physically and psychologically abused Phoenix and all three children in past Assisted moving out of previous dwelling with ex-partner to new home in Richmond by Victim Services Children undergoing counselling through Victime Services Works as night manager at McDonald's - high stress environment, difficult sleep schedule	
<ul style="list-style-type: none"> • <u>Salient medical/biological history</u> • ♀ - menarche, menstruation, pregnancy, menopause 	Migraine with aura Mild asthma	
<ul style="list-style-type: none"> • Salient developmental issues 		
<u>Family history of mental illness</u> Consider: <ul style="list-style-type: none"> • Family history of suicidal behaviour • Genogram 	Not aware of same	
<u>Current domestic and social circumstances</u> Consider: <ul style="list-style-type: none"> • Living arrangements • Social relationships • Occupation 		
<u>Salient substance use issues</u> Consider: <ul style="list-style-type: none"> • Nicotine use • Alcohol use • Illicit substances • Is patient willing to address the issues? 		

Current medications Consider: <ul style="list-style-type: none"> • Dosage, date of commencement, date of change in dosage • Reason for the prescription • Are there other practitioners involved in the prescription of medication? • Are there issues with compliance or misuse? 			
History of medication and other treatments for mental illness Consider: <ul style="list-style-type: none"> • Past referrals • Effectiveness of previous treatments • Side-effects and complications associated with previous treatments • Patient's preference for medications 	Nil used before		
Allergies	Dicloxacillin Wasp stings Bee stings	Rash , Severe , Severe	
Relevant physical examination and other investigations			
Results of relevant previous psychological and developmental testing			
Other care plan e.g. GP Management Plans and Team Care Arrangements; Wellness Recovery Action Plan	No If yes Specify:		
Comments on Current <u>Mental State Examination</u>			
Consider: <ul style="list-style-type: none"> • Appearance, cognition, thought process, thought content, attention, memory, insight, behaviour, speech, mood and affect, perception, judgement, orientation. • Appropriateness of Mini Mental State Examination for patients over 75 years or if otherwise indicated 	Reactive, euthymic Normal speed rate and volume of speech Nil evidence of FTD Oriented Insight ++		

Risk assessment If high level of risk indicated, document actions taken in Treatment Plan below Consider: <ul style="list-style-type: none"> • Does the patient have a timeline for acting on a plan? • How bad is the pain/distress experienced? • Is it interminable, inescapable, intolerable? 		Ideation/ thoughts	Intent	Plan	
	Suicide	Nil			
	Self harm	Nil			
	Harm to others	Nil			
	Comments or details of any identified risks				
Assessment/outcome tool used, except where clinically inappropriate.		DASS-21 (10/3/24): D24 A26 S34			
Date of assessment		10/03/2024			
Results		DASS-21 (10/3/24): D24 A26 S34 <input type="checkbox"/> Copy of completed tool provided to referred practitioner			
Provisional diagnosis of mental health disorder Consider conditions specified in the ICPC, including: <ul style="list-style-type: none"> • Depression • Bipolar disorder • Other mood disorders • Anxiety disorders • Panic disorder • Phobic disorders • Post-traumatic stress disorder • Schizophrenia • Other psychotic disorders • Adjustment disorder • Dissociative disorders • Eating disorders • Impulse-control disorders • Sexual disorders • Sleep disorders • Somatoform disorders • Substance-related disorders • Personality disorders • Unknown 		Severe anxiety and depression in the context of multiple current and previous stressors on background of trauma in childhood and previous relationship			
Case formulation Consider: <ul style="list-style-type: none"> • Predisposing factors • Precipitating factors • Perpetuating factors • Protective factors 					

Other relevant information from carer/informants Consider: <ul style="list-style-type: none">• Specific concerns of carer/family• Impact on carer/family• Contextual information from members of patient's community• Other content from individuals other than the patient	
Any other comments	

PLAN

Identified issues/problems Consider:	Goals Consider:	Treatments & interventions Consider:	Actions Referrals Consider:	Any role of carer/support person(s) Consider:
<ul style="list-style-type: none"> As presented by patient Developed during consultation Formulated by GP 	<ul style="list-style-type: none"> Goals made in collaboration with patient What does the patient want to see as an outcome from this plan? Wellbeing, function, occupation, relationships Any reference to special outcome measures Time frame 	<ul style="list-style-type: none"> psychological interventions <ul style="list-style-type: none"> face to face internet based THIS WAY UP https://thiswayup.org.au/ Suggested psychological interventions Medications Key actions to be taken by patient Support services to achieve patient goals Role of GP Psycho-education Time frame 	<ul style="list-style-type: none"> Practitioner, service or agency—referred to whom and what for Specific referral request referral to internet mental health programs for education and/or specific psychotherapy Opinion, planning, treatment Case conferences Time frame 	<ul style="list-style-type: none"> Identified role or task(s), e.g. monitoring, intervention, support Discussed, agreed, negotiated with carer? Any necessary supports for carer Time frame

Psychology Referral

Issue 1: Severe Anxiety and Depression

Issue 2: Stress

Issue 3:

Intervention/relapse prevention plan (if appropriate at this stage)

Consider:

- Identify warning signs from past experiences
- Note arrangements to intervene in case of relapse or crisis
- Other support services currently in place
- Note any past effective strategies

☒ Preparation of plan for delegation of patient's responsibilities (e.g., care for dependants, pets)

Psycho-education provided if not already addressed in "treatments and interventions" above?

☐ Yes

☐ No

Plan added to the patient's records?

☒ Yes

☐ No

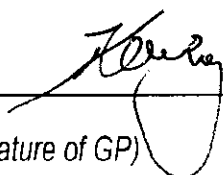
Other healthcare providers and service providers involved in patient's care (e.g. psychologist, psychiatrist, social worker, occupational therapist, other GPs, other medical specialists, case worker, community mental health services)			
Role	Name	Address	Phone
General Practitioner	Nadine Kauley	Advance Medical Practice Windsor George Street Windsor	
Michelle Hookham	Psychologist		

COMPLETING THE PLAN	
<p>On completion of the plan, the GP may record (tick boxes below) that s/he has:</p> <p><input type="checkbox"/> discussed the assessment with the patient</p> <p><input checked="" type="checkbox"/> discussed all aspects of the plan and the agreed date for review</p> <p><input checked="" type="checkbox"/> offered a copy of the plan to the patient and/or their carer (if agreed by patient)</p>	<p>Date plan completed</p> <p>10/03/2024</p>

RECORD OF PATIENT CONSENT				
<p>I, <u>Phoenyx Horsfall</u> (name of patient), agree to information about my health being recorded in my medical file and being shared between the General Practitioner and other health care providers involved in my care, as nominated above, to assist in the management of my health care. I understand that I must inform my GP if I wish to change the nominated people involved in my care.</p> <p>I understand that as part of my care under this Mental Health Treatment plan, I should attend the General Practitioner for a review appointment at least 4 weeks after but within 6 months after the plan has been developed.</p> <p>I consent to the release of the following information to the following carer/support and emergency contact persons:</p>				
Name	Assessment		Treatment Plan	
	Yes	No	Yes	No
Jessy Trevana	<input checked="" type="checkbox"/> with the following limitations:	<input type="checkbox"/>	<input checked="" type="checkbox"/> with the following limitations:	<input type="checkbox"/>
	<input type="checkbox"/> with the following limitations:	<input type="checkbox"/>	<input type="checkbox"/> with the following limitations:	<input type="checkbox"/>

<p><u>[Signature]</u></p> <p>(Signature of patient)</p>	<p><u>11 / 3 / 24</u></p> <p>(Date)</p>
<p>I, <u>Nadine Kauley</u>, have discussed the plan and referral(s) with the patient.</p>	

(Full name of GP)



(Signature of GP)

11, 3, 24

(Date)

REVIEW

MBS ITEM NUMBER: ☐ 2712 ☐ 2719

Planned date for review with GP
(initial review 4 weeks to 6 months after completion of plan)

25/03/2024

Actual date of review with GP

Assessment/outcome tool results on review,
except where clinically inappropriate

Comments

Consider:

- Progress on goals and actions
- Have identified actions been initiated and followed through? e.g. referrals, appointments, attendance
- Checking, reinforcing and expanding education
- Communication
- Where appropriate, communication received from referred practitioners
- Modification of treatment plan if required

Intervention/relapse prevention plan (if appropriate)

Consider:

- Identify warning signs from past experiences
- Note arrangements to intervene in case of relapse or crisis
- Other support services currently in place
- Note any past effective strategies