

WINDSOR FAMILY PRACTICE

177 George Street, Windsor NSW 2756

Tel: (02) 45774102 Fax: (02) 45772888

13/09/2024

Phone:

Fax:

Dear Consultant Psychiatrist

Re : *Mr Adam Lavender(DOB: 25/01/1973)*

43 Waratah Street

Bowen Mountain 2753

Home: Mobile: ~~0481 599 479~~ New # 0431 433 308

Medicare No: 2436455948 1 Expiry: 06/2028

NBM
13241

Thank you for seeing Mr Adam Lavender , age 51 yrs, for opinion and management ho is having ICE Abuse . he would like to see a Psychiatrist fo r? any possible medication

Presenting Problem:

Past History:

06/03/2023 Dental infection

Allergies: Nil known.

Current Medications:

Amoxil 500mg Capsule

Every 8 hours.

Bactroban 2% Cream

Daily.

Cephalexin 500mg Capsule

Every 8 hours.

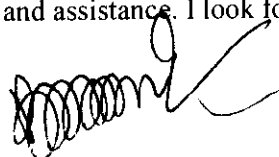
Viagra 100mg Tablet

As directed.

Should any of the above need clarification, please feel free to contact me PH:- 45774102.

Thank you for your care and assistance. I look forward to hearing the outcome of Adam's attendance.

Yours sincerely,



Dr Mirthula Balasuthanthira

MMBS FRACGP

5494738X

GP MENTAL HEALTH TREATMENT PLAN – MINIMAL REQUIREMENTS

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 ☐ 27011 ☐ 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

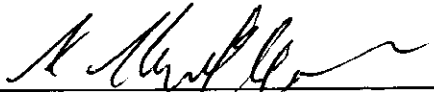
GP name	Dr Mirthula Balasuthanthira	GP phone	0245774102
GP practice name	WINDSOR FAMILY PRACTICE	GP fax	0245772888
GP address	177 George Street Windsor 2756	Provider number	5494738X
Patient surname	Lavender	Date of birth (dd/mm/yy)	25/01/1973
Patient first name(s)	Adam	Preferred name	Adam
Gender	Male <input type="checkbox"/> Self-identified gender:		
Patient address	43 Waratah Street Bowen Mountain 2753	Patient phone Can leave message? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medicare No.	2436455948	Healthcare Card/Pension No.	202368534L
Emergency contact person details	NA / NA	Patient consent for healthcare team to contact emergency contacts?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PLAN			
Identified issues/problems	Goals Record goals made in collaboration with patient	Treatments & interventions Any actions and <u>support services</u> to achieve patient goals <u>Actions to be taken by patient</u> Consider: <ul style="list-style-type: none"> • psychological and/or pharmacological options • face to face options • internet-based options • 	Referrals <u>Or appropriate support services</u> Consider: <ul style="list-style-type: none"> • referral to internet mental health programs for education and/or specific psychotherapy •
Intervention/relapse prevention plan If appropriate at this stage, note arrangements to intervene in case of relapse or crisis,			
Psycho-education provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Plan added to the patient's records?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Completing the plan On completion of the plan, the GP may record (tick boxes below) that s/he has: <input type="checkbox"/> discussed the assessment with the patient <input type="checkbox"/> discussed all aspects of the plan and the agreed date for review offered a copy of the plan to the patient and/or their carer (if agreed by patient)			Date plan completed

RECORD OF PATIENT CONSENT				
I, _____ (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.				
I understand that as part of my care under this Mental Health Treatment plan, I should attend the GP for a review appointment at least 4 weeks after but within 6 months after the plan has been developed.				
I consent to the release of the following information to the following carer/support and emergency contact persons:				
Name	Assessment		Treatment Plan	
	Yes	No	Yes	No
	<input 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"/>	<input type="checkbox"/> with the following limitations:	<input type="checkbox"/>

PATIENT ASSESSMENT – MENTAL HEALTH

<u>Reasons for presenting</u>	Depression Drug abuse disorder
<u>Patient history</u> Record relevant medical/ biological, mental health/ psychological, and social history	using ice wanted some healp Nil ahllusination or delusion Depressed mood
<u>Results of mental state examination</u>	
<u>Risk assessment</u> Note any identified risks, including risks of self-harm and harm to others	nil sucidal ideation
<u>Assessment/outcome tool used and results</u> except where clinically inappropriate	K 10 – 31.
<u>Provisional diagnosis of mental health disorder</u>	
<u>Case formulation</u>	



(Signature of patient or guardian)

13, 9, 24

(Date)

I, _____, have discussed the plan and referral(s) with the patient.

(Full name of GP)



(Signature of GP)

13, 9, 2024

(Date)

K10

Date of Assessment: 13th September 2024
Balasuthanthira

General Practitioner: Dr Mirthula

Patient Name: Mr Adam Lavender

D.O.B: 25/01/1973

For all questions please fill in the appropriate response circle like this:



In the past 4 weeks:

None of
the time

A little of
the time

Some of
the time

Most of
the time

All of the
time

1. About how often did you feel tired
out for no good reason?

☐☒☐☐☐

2. About how often did you feel
nervous?

☐☐☐☒☐☐

3. About how often did you feel so
nervous that nothing will calm you
down?

☐☐☐☒☐☐

4. About how often did you feel
hopeless?

☐☐☐☒☐☐

5. About how often did you feel
restless or fidgety?

☐☐☐☒☐☐

6. About how often did you feel so
restless you could not sit still?

☐☐☐☒☐☐

7. About how often did you feel
depressed?

☐☐☐☒☐☐

8. About how often did you feel that
everything is an effort?

☐☐☐☐☒☐

9. About how often did you feel so sad
that nothing could cheer you up?

☐☐☒☐☐☐

10. About how often did you feel
worthless?

☐☒☐☐☐☐

1

2

12.

16

31.