| GP MENT  | AL HEALT                     | H TREATMENT PLAN (Item 2715   | if new/2712 if                | review)   |  |
|--|------------------------------|---|-------------------------------|---|--|
| Patient name   | Mr Anthon                    | y Bateson   | Date of birth                 | 25/07/1971  |  |
| Address  | 8 Reserve                    | Road  | Phone                         | 0487 744 910  |  |
|  | Freemans                     | Reach 2756  |                               |   |  |
| Carer details and/or   |                              | Medicare numb   |                               |   |  |
| emergency contact(s)   |                              |   | 2760796653                    |   |  |
| Referring GP   |                              | Dr Matthew Kirkwood 6396623H  |                               |   |  |
| Allied Health Provider convinced in patient care, applicable   |                              |   |                               |   |  |
| Presenting issue(s) What are the patient's curi mental health issues?  | rent                         | Low mood impacting ability to attend work. Recent relationship stressors with ex-partner and daughter.  Long history of persistent dysthmia/depression  |                               |   |  |
| Patient history Record relevant biological, physiological, social histor including any family history disorders, any relevant sul abuse, physical health pro sexual abuse issues | ry<br>y of mental<br>ostance | Works as a truck driver. On long-term duloxetine. Estranged from ex-wife which is is impacting relationship with 12-year old duaghter. Moderate-heavy alcohol intake. Ongoing issues with significant pain in neck/shoulders secondary to C5/6 degenerative disease with associated nerve impingement |                               |   |  |
| Medications<br>(attached information if red  | quired)                      | Alvesco 160 160 mcg/actuation Inhaler   | 1 inhal'n Daily               | <i>'</i> .  |  |
|  |                              | Asmol CFC-free Inhaler (with counter) 100mcg  | 2 puffs Every                 | 4 hours p.r.n.  |  |
|  |                              | Champix Starter pack 0.5mg,<br>1mg Tablet   | then 0.5 mg to days, then 1 r | daily for 3 days,<br>wice daily for 4<br>ng twice daily for<br>of a 12-week |  |
|  |                              | Crestor 20mg Tablet   | 1 Tablet In the               | e morning.  |  |
|  |                              | Cymbalta 60mg Capsule   | 1 Capsule In t                | the morning.  |  |
|  |                              | Diazepam 5mg Tablet   | 1-1.5 tablets 6               |   |  |
|  |                              | Exforge 10mg;320mg Tablet   | 1 Tablet In the               | e morning.  |  |
|  |                              | Pariet 20mg Tablet  | 1 Tablet In the               | e morning.  |  |
|  |                              |   |                               |   |  |

| risks including family supportant any agreed safety plans.  Outcome tool used  Diagnosis                         | to others.<br>venting<br>ort and<br>K-10 | Protective factors: Close friends of Results  pression/ dysthmia | offereing s                     | upport 32                                  |
|--|--|--|---------------------------------|--|
| risks including family suppo<br>any agreed safety plans.   | to others.<br>venting<br>ort and         |  | •                               |  |
| risks including family suppo   | to others.<br>venting                    | Protective factors: Close friends o                              | offereing s                     | upport                                     |
| Risks and co-morbidities Note any suicidal ideation of plans, means and or risks to Note protective factors pre- |  | No current suicidal ideation or inte                             | ent                             |  |
| Other relevant informatio  | n  |  |                                 |  |
| Allergies  |  | Nil known.   |                                 |  |
|  |  |  |                                 | e daily for the remainder<br>veek course.  |
|  |  | Varenicline Composite pack<br>0.5mg, 1mg Tablet                  | Tablet mg twice daily for 4 day |  |
|  |  | Quinate 300mg Tablet  Varenicline 1 mg Tablet                    |                                 | In the evening.  ce daily for remainder of |

| •  | x<br>conta                   | <u> </u>              | Well Groomed ssion, body language)                            |  |  |  |  |  |
|--|------------------------------|-----------------------|---|--|--|--|--|--|
| r (eye d   | conta                        | act, facial expre     | ssion, body language)   |  |  |  |  |  |
| •  |                              | <u> </u>              |   |  |  |  |  |  |
| 7  | Y                            | Disturbed (inte       | resittant ava contact along off hady contact\                 |  |  |  |  |  |
| ged  | ^                            | שווווט שווונים (ווונפ | Disturbed (intermittent eye contact, closed-off body contact) |  |  |  |  |  |
| Speech (rate, quantity, tone, volume, fluency, rhythm) |                              |                       |   |  |  |  |  |  |
| -  | x Disturbed (reduced volume) |                       |   |  |  |  |  |  |
| Mood (patient's internal state)                        |                              |                       |   |  |  |  |  |  |
| Normal x Low High                                      |                              |                       |   |  |  |  |  |  |
|  | tient's i                    | tient's interr        | tient's internal state)                                       |  |  |  |  |  |

| Aff | ect (clinician's     | s ob   | servatior | า)        |       |            |  |  |  |  |
|-----|----------------------|--------|-----------|-----------|-------|------------|--|--|--|--|
|     | Reactive             |        | Flat      |           | x (   | Congruent  |  |  |  |  |
| The | ought (form, o       | cont   | ent)      |           |       |            |  |  |  |  |
| х   | Clear                |        | Disturb   | ed        |       |            |  |  |  |  |
| Per | ception (hall        | ucin   | ations)   |           |       |            |  |  |  |  |
| х   | Clear                |        | Disturb   | ed        |       |            |  |  |  |  |
| Co  | gnition              |        | •         |           |       |            |  |  |  |  |
| х   | x Not assessed       |        |           |           | MM    | MMSE score |  |  |  |  |
| Ins | ight                 |        |           | •         |       |            |  |  |  |  |
| х   | Present              |        | Absent    | Absent    |       |            |  |  |  |  |
| Juc | <b>lgement</b> (abil | lity t | o make r  | ratior    | nal d | ecisions)  |  |  |  |  |
| х   | Clear                |        | Disturb   | Disturbed |       |            |  |  |  |  |
| Oth | ner factors:         |        | •         |           |       |            |  |  |  |  |
| Sle | ер                   |        |           |           |       |            |  |  |  |  |
|     | Normal x Disturbed   |        |           |           |       |            |  |  |  |  |
| Apı | petite               | •      | •         |           |       |            |  |  |  |  |
|     | Normal               |        | Increas   | sed       | х     | Decreased  |  |  |  |  |
| Fin | al comments          | •      | •         |           |       |            |  |  |  |  |

| PATIENT PLAN                               |   |   |   |
|--|---|---|---|
| Patient Needs/<br>Main Issues/<br>Problems | Goals Record the mental health goals agreed by the patient and GP and any actions the patient will need to take | Treatments Treatments, actions and support services to achieve patients goals | Referral to whom: Note: referrals to be provided in up to 2 groups of 6 and 4 sessions. The need for the second group of sessions is to be reviewed after the initial 6 sessions. |

| Improve mood Improve ability to                  |     | Х                    | Better Access<br>(MEDICARE)  |
|--|-----|----------------------|--|
| function at work                                 |     |                      |  |
| Reduce feelings of anger and frustration at work | CBT | heal<br>gap<br>patie | ents cannot use their private<br>th to cover the allied health<br>fee, however gap costs to the<br>ent count toward the patient's<br>icare Safety Net. |

| Appropriate psycho-education provided (please mark with "X") |   |    |  | Plan added to patient's record (please mark with "X") |   |    | Copy (or parts) of the plan offered to other providers (please mark with "X") |     |   |    | d to |     |  |
|--|---|----|--|---|---|----|---|-----|---|----|------|-----|--|
| Yes  | X | No |  | Yes   | Х | No |   | Yes | Х | No |      | N/A |  |

| FINALISING THE PLAN  |  |                      |  |  |  |  |  |  |  |  |
|--|--|----------------------|--|--|--|--|--|--|--|--|
| Date plan<br>completed   | 28/08/2025   | Review date 3 months |  |  |  |  |  |  |  |  |
|  | gained consent to<br>and reviewat the<br>rovided the patient with<br>share this with her carer | GP Signature:        |  |  |  |  |  |  |  |  |
| I confirm that I am the<br>created this plan with<br>Kirkwoodtoday. I give<br>this plan and clinical n<br>Nepean Medicare Loc<br>and my treating Psych | Dr Matthew my consent to share otes with herself, al Mental Health Team                        | Patient Signature:   |  |  |  |  |  |  |  |  |

## GP/PATIENT - REVIEW #1 Item 2712

Review comments (Progress on actions and tasks outlined in GP Mental Health Care Plan)

| Patient referred for another set of 6 sessions     | Yes           |                  | No       |
|--|---------------|------------------|----------|
| GP signature:                                      | Date:         |                  |          |
|  |               |                  |          |
| GP/PATIENT - REVIEW #2                             |               |                  |          |
| Item 2712  |               |                  |          |
| Review comments (Progress on actions and tasks out | lined in GP M | ental Health Car | re Plan) |
| Outcome tool (Results on review)                   |               |                  |          |

Yes

Date:

No

Outcome tool (Results on review)

**GP** signature:

Patient referred for another set of 6 sessions (X)