

**GP MENTAL HEALTH TREATMENT PLAN (Item 2715 if new/2712 if review)**

<b>Patient name</b>	Mr Liam Robert Edward Burbridge	<b>Date of birth</b>	06/09/2003		
<b>Address</b>	71 Gunbower Road Bowen Mountain 2753	<b>Phone</b>	0490079616		
<b>Carer details and/or emergency contact(s)</b>	Julia Burbridge (Mum) 0415 838 707	<b>Medicare number</b>			
		2518212058			
<b>Referring GP</b>	Dr Matthew Kirkwood 6396623H				
<b>Allied Health Provider currently involved in patient care, if applicable</b>					
<b>Presenting issue(s)</b> What are the patient's current mental health issues?	Depressed mood past 6 months Relationship breakdown with ex-girlfriend Frequent feelings of anfer, hopeless, and worthlessness Fleeting suicidal thoughts only Interfering with ability to attend work				
<b>Patient history</b> Record relevant biological, physiological, social history including any family history of mental disorders, any relevant substance abuse, physical health problems or sexual abuse issues	Maternal history of depression Sister on medication for depression Occasional binge pattern with EtOH				
<b>Medications</b> (attached information if required)	Escitalopram 10mg Tablet                      1 Tablet Daily.				
<b>Allergies</b>	Nil known.				
<b>Other relevant information</b>					
<b>Risks and co-morbidities</b> Note any suicidal ideation or intent, plans, means and or risks to others. Note protective factors preventing risks including family support and any agreed safety plans.	Fleeting suicidal ideation without a plan. Protective factors: Strong family relationships and openness to discuss family.				
<b>Outcome tool used</b>	DASS-21	<b>Results / Score</b>	Depression scored 40 (Extremely Severe) Anxiety scored 22 (Extremely Severe) Stress scored 38 (Extremely Severe)		

<b>Diagnosis</b>	Depressed mood Anxiety
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## MENTAL STATE EXAMINATION

### Appearance

<input type="checkbox"/>	Untidy	<input checked="" type="checkbox"/>	Casual	<input type="checkbox"/>	Well Groomed
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### Behaviour (eye contact, facial expression, body language)

<input checked="" type="checkbox"/>	Engaged	<input type="checkbox"/>	Disturbed
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### Speech (rate, quantity, tone, volume, fluency, rhythm)

<input checked="" type="checkbox"/>	Clear	<input type="checkbox"/>	Disturbed
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### Mood (patient's internal state)

<input type="checkbox"/>	Normal	<input checked="" type="checkbox"/>	Low	<input type="checkbox"/>	High
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### Affect (clinician's observation)

<input type="checkbox"/>	Reactive	<input type="checkbox"/>	Flat	<input checked="" type="checkbox"/>	Congruent
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### Thought (form, content)

<input checked="" type="checkbox"/>	Clear	<input type="checkbox"/>	Disturbed
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### Perception (hallucinations)

<input checked="" type="checkbox"/>	Clear	<input type="checkbox"/>	Disturbed
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### Cognition

<input checked="" type="checkbox"/>	Not assessed	<input type="checkbox"/>	MMSE score
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### Insight

<input checked="" type="checkbox"/>	Present	<input type="checkbox"/>	Absent
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### Judgement (ability to make rational decisions)

<input checked="" type="checkbox"/>	Clear	<input type="checkbox"/>	Disturbed
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### Other factors:

### Sleep

<input checked="" type="checkbox"/>	Normal	<input type="checkbox"/>	Disturbed
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### Appetite

<input checked="" type="checkbox"/>	Normal	<input type="checkbox"/>	Increased	<input type="checkbox"/>	Decreased
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### Final comments

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## PATIENT PLAN

<b>Patient Needs/ Main Issues/ Problems</b>	<b>Goals</b> Record the mental health goals agreed by the patient and GP and any actions the patient will need to take	<b>Treatments</b> Treatments, actions and support services to achieve patients goals	<b>Referral to whom:</b> 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.	
Depressed mood Anxiety Impact on function	Improve mood Improve / reduce anxiety Manage relationship difficulties / stress Functional return to regular work	CBT	X	<b>Better Access (MEDICARE)</b>  Patients cannot use their private health to cover the allied health gap fee, however gap costs to the patient count toward the patient's Medicare Safety Net.

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

## FINALISING THE PLAN

<b>Date plan completed</b>	16/09/2025	<b>Review date</b>	3 months
<i>I confirm that I am the treating General Practitioner, who has gained consent to create this plan today and review at the agreed date. I have provided the patient with a copy and offered to share this with her carer and/or allied health professionals involved.</i>		<b>GP Signature:</b>	
<i>I confirm that I am the patient who has created this plan with Dr Matthew Kirkwood today. I give my consent to share this plan and clinical notes with herself, Nepean Medicare Local Mental Health Team and my treating Psychologist/s.</i>		<b>Patient Signature:</b>	

**GP/PATIENT - REVIEW #1****Item 2712****Review comments** (Progress on actions and tasks outlined in GP Mental Health Care Plan)**Outcome tool** (Results on review)**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 outlined in GP Mental Health Care Plan)**Outcome tool** (Results on review)**Patient referred for another set of 6 sessions (X)**☐ **Yes**☐ **No****GP signature:****Date:**