

<b>Date</b> 1990		<b>Condition – Comment</b> Oophorectomy (Right)	
<b>Medications:</b>			
<b>Drug Name</b>	<b>Strength</b>	<b>Dosage</b>	
COVERAM Tablet	10mg/10mg	1 mane m.d.u.	
EFEXOR-XR Capsule	150mg	1 daily m.d.u.	
EFEXOR-XR Capsule	75mg	1 daily m.d.u.	
GLICLAZIDE MR Tablet	60mg	1 b.d. c.c.	
JARDIAMET Tablet	12.5mg/1,000mg	1 b.d. m.d.u.	
LIPIDIL Tablet	48mg	1 nocte m.d.u.	
<b>Allergies:</b> No known allergies/adverse reactions.			
<b>Relevant Physical &amp; Mental Health Examination (Risk Assessment) incl 1st K10 score = 26</b>			
<b>Mental Status Examination (very brief details, two or three words)</b>			
<b>Appearance &amp; Behaviour:</b>	casual	<b>Mood:</b>	Low
<b>Thinking:</b>	Clear	<b>Affect:</b>	Flat
<b>Perception:</b>	Normal	<b>Sleep:</b>	Normal
<b>Anhedonia:</b>	Present	<b>Appetite:</b>	Normal
<b>Attention / Concentration:</b>	Normal	<b>Motivation/Energy:</b>	Low
<b>Memory:</b>	Normal	<b>Judgement/Insight:</b>	Clear
<b>Orientation:</b>	Clear	<b>Speech:</b>	Normal
<b>Diagnosis:</b> depression, PTSD			

## Plan

PROBLEMS/ISSUES	GOAL (e.g. reduce symptoms, improve functioning)	ACTION / TASK/ REFERRALS (e.g. Referral for Allied Health, or pharmacological treatment, or engagement c family/other supports)
1. Depression	Ongoing psychological support	Please do 10 sessions with this plan, the review Psychotherapy pharmacotherapy
2. PTSD	improve on function	Psychotherapy pharmacotherapy

## Follow Up / Relapse Prevention Plan (if appropriate)

Telephone Numbers in event of Emergency - Mental Health Team - 1800 011 511, Lifeline - 131114  
 Emergency Care - 000, Suicide Callback 1300 659 467, Men's line 1300 789 978, Veteran's Line 1800 011 046  
 Qlife 1800 184 527, Kid's Helpline 1800 551 800; beyond blue 1300 224 636; Domestic violence 1800 737 732

## Notes

Patient Education Given	Yes	Copy of MH Plan offered to Patient / Carer	No	Copy of MH Plan given to other providers	No
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I understand the above Mental Health Assessment and Plan and agree to the outlined goals / actions as discussed by my GP. We have also agreed upon a date for review.

I give my consent to share clinical notes with the Allied Health Provider

Patient signature		GP signature	
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Proposed date for Mental Health Review (between 1 – 6 months)	
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Review (progress on actions and tasks)	Final K10 Score
reviewed 10/10/25- progressing with psychotherapy, will benefit from ongoing sessions	