

**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.**

**CONTACT AND DEMOGRAPHIC DETAILS**

<b>GP name</b>		<b>GP phone</b>	
<b>GP practice name</b>		<b>GP fax</b>	
<b>GP address</b>		<b>Provider number</b>	
<b>Relationship</b>	<b>This person has been my patient since</b>		
	<i>and/or</i>		
	<b>This person has been a patient at this practice since</b>		
<b>Patient surname</b>		<b>Date of birth (dd/mm/yy)</b>	
<b>Patient first name(s)</b>		<b>Preferred name</b>	
<b>Gender</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Self-identified gender:		
<b>Patient address</b>			
<b>Patient phone</b>	Preferred number:	Alternative number:	
	Can leave message? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can leave message? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Medicare No.</b>		<b>Healthcare Card/Pension No.</b>	
<b>Highest level of education completed</b>	<input type="checkbox"/> Primary school <input type="checkbox"/> Secondary school <input type="checkbox"/> TAFE <input type="checkbox"/> Tertiary degree Comments:		
<b>Is this person a parent of a child 0 – 18 years</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Carer/support person contact details</b>		<b>Has patient consented for this healthcare team to contact carer/support persons?</b>	
First contact:	Relationship:	Phone number 1: Phone number 2:	<input type="checkbox"/> Yes <input type="checkbox"/> No  With the following restrictions:
Second contact:	Relationship:	Phone number 1: Phone number 2:	<input type="checkbox"/> Yes <input type="checkbox"/> No

			With the following restrictions:	
<b>Emergency contact person details</b>			<b>Has patient consented for this healthcare team to contact emergency contacts?</b>	
First contact:	Relationship:	Phone number 1: Phone number 2:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Second contact:	Relationship:	Phone number 1: Phone number 2:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>SALIENT COMMUNICATION AND CULTURAL FACTORS</b>				
<b>Language spoken at home</b>	<input type="checkbox"/> English	<input type="checkbox"/> Other:		
<b>Interpreter required</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Comments:		
<b>Country of birth</b>	<input type="checkbox"/> Australia	<input type="checkbox"/> Other:		
<b>Other communication issues</b>				
<b>Other cultural issues</b>				

**PATIENT ASSESSMENT – MENTAL HEALTH**

**Reasons for presenting**

Consider:

- What are the patient's current mental health issues?
- Requests and hopes

**History of current episode**

Consider:

- Symptom onset, duration, intensity, time course

**Patient history**

Consider:

- Mental health history

- Salient social history

- Salient medical/biological history

- ♀ - menarche, menstruation, pregnancy, menopause

- Salient developmental issues

**Family history of mental illness**

Consider:

- Family history of suicidal behaviour
- Genogram

**Parent and children needs**

**Record name and date of birth of any children under 18 years. Impact of mental health difficulties on their parenting, the parent-child relationship and their children**

**Current domestic and social circumstances**

Consider:

- Living arrangements
- Social relationships
- Occupation

**Salient substance use issues**

Consider:

- Nicotine use
- Alcohol use
- Illicit substances
- Is patient willing to address the issues?

**Current medications**

Consider:

- 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?

<b>History of medication and other treatments for mental illness</b> Consider: <ul style="list-style-type: none"> <li>• Past referrals</li> <li>• Effectiveness of previous treatments</li> <li>• Side-effects and complications associated with previous treatments</li> <li>• Patient's preference for medications</li> </ul>				
<b>Allergies</b>				
<b>Relevant physical examination and other investigations</b>				
<b>Results of relevant previous psychological and developmental testing</b>				
<b>Other care plan</b> e.g. GP Management Plans and Team Care Arrangements; Wellness Recovery Action Plan; Family Care Plan	<input type="checkbox"/> Yes, Specify:  <input type="checkbox"/> No			
<b>Comments on Current <u>Mental State Examination</u></b>				
<b>Consider:</b> <ul style="list-style-type: none"> <li>• Appearance, cognition, thought process, thought content, attention, memory, insight, behaviour, speech, mood and affect, perception, judgement, orientation.</li> <li>• Appropriateness of Mini Mental State Examination for patients over 75 years or if otherwise indicated</li> </ul>				
<b><u>Risk assessment</u></b> <b>If high level of risk indicated, document actions taken in Treatment Plan below</b> Consider: <ul style="list-style-type: none"> <li>• Does the patient have a timeline for acting on a plan?</li> <li>• How bad is the pain/distress experienced?</li> <li>• Is it interminable, inescapable, intolerable?</li> </ul>		<b>Ideation/ thoughts</b>	<b>Intent</b>	<b>Plan</b>
	<b>Suicide</b>			
	<b>Self harm</b>			
	<b>Harm to others</b>			
	<b>Comments or details of any identified risks</b>			
<b><u>Assessment/outcome tool used,</u></b> except where clinically inappropriate.				
<b><u>Date of assessment</u></b>				

<p><b><u>Results</u></b></p>	<p><input type="checkbox"/> Copy of completed tool provided to referred practitioner</p>
<p><b><u>Provisional diagnosis of mental health disorder</u></b>  Consider conditions specified in the ICPC, including:</p> <ul style="list-style-type: none"> <li>• Depression</li> <li>• Bipolar disorder</li> <li>• Other mood disorders</li> <li>• Anxiety disorders</li> <li>• Panic disorder</li> <li>• Phobic disorders</li> <li>• Post-traumatic stress disorder</li> <li>• Schizophrenia</li> <li>• Other psychotic disorders</li> <li>• Adjustment disorder</li> <li>• Dissociative disorders</li> <li>• Eating disorders</li> <li>• Impulse-control disorders</li> <li>• Sexual disorders</li> <li>• Sleep disorders</li> <li>• Somatoform disorders</li> <li>• Substance-related disorders</li> <li>• Personality disorders</li> <li>• Unknown</li> </ul>	
<p><b><u>Case formulation</u></b>  Consider:</p> <ul style="list-style-type: none"> <li>• Predisposing factors</li> <li>• Precipitating factors</li> <li>• Perpetuating factors</li> <li>• Protective factors</li> </ul>	
<p><b><u>Other relevant information from carer/informants</u></b>  Consider:</p> <ul style="list-style-type: none"> <li>• Specific concerns of carer/family</li> <li>• Impact on carer/family</li> <li>• Contextual information from members of patient's community</li> <li>• Other content from individuals other than the patient</li> </ul>	
<p><b><u>Any other comments</u></b></p>	

**PLAN**

PLAN				
	<b>Actions</b>			
<b>Identified issues/problems</b> Consider:	<b>Goals</b> Consider:	<b>Treatments &amp; interventions</b> Consider:	<b>Referrals</b> Consider:	<b>Any role of carer/support person(s)</b> Consider:
<ul style="list-style-type: none"> <li>• As presented by patient</li> <li>• Developed during consultation</li> <li>• Formulated by GP</li> </ul>	<ul style="list-style-type: none"> <li>• Goals made in collaboration with patient</li> <li>• What does the patient want to see as an outcome from this plan?</li> <li>• Wellbeing, function, occupation, relationships</li> <li>• Any reference to special outcome measures</li> <li>• Time frame</li> </ul>	<ul style="list-style-type: none"> <li>• Suggested psychological interventions</li> <li>• Medications</li> <li>• Key <u>actions to be taken by patient</u></li> <li>• <u>Support services to achieve patient goals</u></li> <li>• Role of GP</li> <li>• <u>Psycho-education</u></li> <li>• Time frame</li> <li>• Internet-based options                             <ul style="list-style-type: none"> <li>- <a href="#">myCompass</a></li> <li>- <a href="#">THIS WAY UP</a></li> <li>- <a href="#">MindSpot</a></li> <li>- <a href="#">e-couch</a></li> <li>- <a href="#">MoodGYM</a></li> <li>- <a href="#">Mental Health Online</a></li> <li>- <a href="#">OnTrack</a></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Practitioner, service or agency—referred to whom and what for</li> <li>• Specific referral request</li> <li>• Opinion, planning, treatment</li> <li>• Case conferences</li> <li>• Time frame</li> <li>• Referral to internet mental health programs for education                             <ul style="list-style-type: none"> <li>- <a href="#">myCompass</a></li> <li>- <a href="#">THIS WAY UP</a></li> <li>- <a href="#">MindSpot</a></li> <li>- <a href="#">e-couch</a></li> <li>- <a href="#">MoodGYM</a></li> <li>- <a href="#">Mental Health Online</a></li> <li>- <a href="#">OnTrack</a></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Identified role or task(s), e.g. monitoring, intervention, support</li> <li>• Discussed, agreed, negotiated with carer?</li> <li>• Any necessary supports for carer</li> <li>• Time frame</li> </ul>
<b>Issue 1:</b>				
<b>Issue 2:</b>				
<b>Issue 3:</b>				

**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



## REVIEW

**MBS ITEM NUMBER:**  2712  2719

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

**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