

**GP MENTAL HEALTH CARE PLAN
(MBS ITEM NUMBER 2712)**

REVIEW

Form supplied by:



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Patient Name		Date of Birth	
Contact Details	[if changed]		
PATIENT CONSENT	<p>I have explained this review to the patient and any costs involved, and the patient has agreed to continue with the GP Mental Health Care Plan review.</p> <p>GP signature/date:</p> <p>Patient signature/date:</p>		

**GP MENTAL HEALTH CARE PLAN REVIEW (MBS ITEM NUMBER 2712)
PROGRESS TOWARDS GOALS**

GOALS Mental health goals established in the initial Mental Health Care Plan	PROGRESS AND BARRIERS Record the progress towards each goal and any barriers to progress	TREATMENT AND REFERRALS Referral to a psychologist for a further 6 sessions. Also include other treatments.

NEW GOALS

NEW PATIENT ISSUES Any new presenting problems requiring treatment	GOALS Record the mental health goals agreed to by the patient and GP	TREATMENT AND REFERRALS If different to above treatment protocol
ANY OTHER RELEVANT INFORMATION		
RISK ASSESSMENT Suicide ideation Self-harm Other symptoms Substance or medication misuse	<i>Tick if present</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<i>Details</i> <input type="checkbox"/> <i>Ideation</i> <input type="checkbox"/> <i>Plan</i> <input type="checkbox"/> <i>Unusual ideas</i> <input type="checkbox"/> <i>Hallucinations</i> <input type="checkbox"/> <i>Paranoia</i>
NEW CRISIS PLAN REQUIRED? <i>(or changes required to previous plan)</i>		
OUTCOME TOOL RE-ADMINISTERED	(E.g., K-10)	RESULT: CHANGE +/-
DIAGNOSIS current status		

<p>Copy of GPMHC Plan review supplied to other service providers involved with patient care:</p> <p>Copy of review acts as referral to Psychologist:</p> <p>Copy of review offered to patient? OR Copy of review mailed to: <i>Primary Care Psychology, PO Box 48, Brighton, Vic., 3186</i> or Fax: (03) 9553-8838</p> <p>Copy of review added to patient's records?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>COMPLETING THE REVIEW</p> <p>On completion of the review, the GP is to record that s/he has discussed with the patient:</p> <ul style="list-style-type: none"> ▪ treatment recommendations ▪ all aspects of the review and the agreed date for the next review (if required) 	<p>Tick if completed</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>DATE REVIEW COMPLETED:</p>	<p>NEXT REVIEW DATE:</p> <p>(average time to complete 6 psychology sessions is 2 months)</p>