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| Patient wellbeing assessment and management plan: Minimal requirements  (GP Mental Health Treatment Plan) | | | | | | |
| **Note:** This form is designed for use with the following Medicare Benefits Schedule (MBS) items. Users should be familiar with the most recent item definitions and requirements.  **MBS item number:** 2700  2701  2715  2717  281  282  This document is **not** a referral letter. A referral letter must be sent to any additional providers involved with this GP Mental Health Treatment Plan.  Major headings are in **bold;** prompts to consider are in lower case; Underlined items of either bold or lower case are mandatory for compliance with Medicare requirements. | | | | | | |
| Contact and demographic details | | | | | | |
| **GP name** |  | | | **GP phone number** |  | |
| **General practice name** |  | | | **GP fax number** |  | |
| **General practice address** |  | | | **Provider number** |  | |
| **Patient last name** |  | | | **Date of** **birth** (dd/mm/yyyy) |  | |
| **Patient first name/s as per Medicare card** |  | | | **Patient preferred name** |  | |
| **Pronouns** | She/her/hers  He/him/his  They/them/theirs  Other: | | | | | |
| **Sex assigned at birth** | Male  Female  Intersex  Another term: | | | | | |
| **Gender** | Female  Male  Transgender  Non-binary  Gender diverse   Different term:  Do not know  Prefer not to answer | | | | | |
| **Patient address** |  | | | **Patient** **phone number**  Can leave a message?  Yes  No |  | |
| **Medicare number** |  | | | **Health Care Card/Pensioner Concession Card number** |  | |
| **Emergency contact person details** (Option to record more than one contact) | **1.**  **2.**  **3.** | | | **Patient consent for healthcare team to contact emergency contacts?** | | Yes  No |
| **Information that cannot be shared with emergency contacts and/or carers** |  | | | | | |
| **Carer/next of kin name, phone number and email address**  Record:   * Who else can the healthcare team contact to discuss care of the patient? * Who else is involved in making decisions for the patient? |  | | | | | |
| **Preferred languages spoken** | | English | Other: | | | |
| **Interpreter required** | | No | Yes, comments: | | | |
| **Country of birth** | | Australia | Other: | | | |

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| Patient wellbeing assessment | | | | | | |
| **Reasons for presenting**  Consider asking:   * What are the patient’s current mental health issues? * What requests and hopes does the patient have? | | |  | | | |
| **Patient history**  Record:   * relevant medical/biological information * mental health/psychological information * social history | | |  | | | |
| **Medications and psychotropics (if relevant)**  Consider asking about:   * current medications * date of commencement/recent change of dose * medications previously prescribed | | |  | | | |
| **Results of the Mental State Examination**  Record:   * appearance, cognition, thought process, thought content, attention, memory, insight, behaviour, speech, mood and affect, perception, judgement, orientation | | |  | | | |
| **Risk assessment**  Note any identified risks, including risks of self-harm and harm to others, ideation/thoughts, intent or plans | | |  | | | |
| **Assessment/outcome tool used and the results**  (except where clinically inappropriate or culturally unsafe) | | |  | | | |
| **Provisional diagnosis of mental health disorder** | | |  | | | |
| **Case formulation**  Consider:   * patient’s perception of the origin of their illness, spiritual views and beliefs * presenting * predisposing * precipitating * perpetuating * protective | | |  | | | |
| **Setting personal recovery goals: Considerations**  Consider asking about:   * what recovery looks like for the patient * the person themselves prioritising the goal/s to focus on * which strengths and positive dispositions (eg abilities, talents, interests) are relevant and be can built in to pursue goals | | |  | | | |
| Personal management plan | | | | | | | |
| **Identified issues/problems** | **Goals**  Record goals made in collaboration with the patient (also goals for future treatments, longer-term goals) | | | **Treatments and interventions**   * Actions and support services required to achieve patient goals * Actions to be taken by patient.   Consider:   * psychological and/or pharmacological options * face-to-face options * social prescribing * internet-based options:   + [myCompass](https://www.mycompass.org.au/)   + [THIS WAY UP](https://thiswayup.org.au/)   + [MindSpot](http://www.mindspot.org.au/)   + [e-couch](https://ecouch.com.au/home)   + [moodgym](https://moodgym.anu.edu.au/welcome)   + [Mental Health Online](https://www.mentalhealthonline.org.au/)   + [OnTrack](https://www.ontrack.org.au/web/ontrack) * Australian Psychologist Society (APS): * [Find a Psychologist](https://psychology.org.au/find-a-psychologist) | | **Referrals**  Support services or local groups that are culturally appropriate.  Consider:   * referral to internet-based mental health programs for education and/or specific psychotherapy, such as:   + [myCompass](https://www.mycompass.org.au/)   + [THIS WAY UP](https://thiswayup.org.au/)   + [MindSpot](http://www.mindspot.org.au/)   + [e-couch](https://ecouch.com.au/home)   + [moodgym](https://moodgym.anu.edu.au/welcome)   + [Mental Health Online](https://www.mentalhealthonline.org.au/)   + [OnTrack](https://www.ontrack.org.au/web/ontrack)   + [Headspace (national)](https://headspace.org.au/) | |
| **Intervention/relapse-prevention plan**  If appropriate at this stage, note arrangements to intervene in case of relapse or crisis | |  | | | | | |
| **Psychoeducation provided?** | | Yes  No | | | | | |
| **Patient consent for having their plan recorded in their medical records?** | | Yes  No | | | | | |
| **Patient consent for sharing their plan with other healthcare providers?** | | Yes  No | | | | | |
| **Plan added to the patient’s records?** | | Yes  No | | | | | |
| **Completing the plan**  On completion of the plan, record (tick boxes below) that you have:  Discussed the assessment with the patient  Discussed all aspects of the plan and the agreed date for review  Offered a copy of the plan to the patient and/or their carer (if agreed by the patient) | | | | | **Date plan completed (dd/mm/yyyy)** | | |
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