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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 [ ]  282This 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?
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| **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?
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| **Patient history**Record:* relevant medical/biological information
* mental health/psychological information
* social history
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| **Medications and psychotropics (if relevant)**Consider asking about:* current medications
* date of commencement/recent change of dose
* medications previously prescribed
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| **Results of the Mental State Examination**Record:* appearance, cognition, thought process, thought content, attention, memory, insight, behaviour, speech, mood and affect, perception, judgement, orientation
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| **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
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| **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
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| 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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