

**GP MENTAL HEALTH CARE PLAN
(MBS ITEM NUMBER 2710)**

INITIAL PATIENT ASSESSMENT

Form supplied by:



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Patient Name		Date of Birth	
Address		Phone	
		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Carer details and/or Emergency Contact			
GP contact details	<input type="checkbox"/> Tick if attached		
PATIENT CONSENT	<p>I have explained this service to the patient and any costs involved, and the patient has agreed to proceed with the GP Mental Health Care Plan service.</p> <p>GP signature/date:</p> <p>Patient signature/date:</p>		
PRESENTING ISSUE(S) What are the patient's current mental health issues			
CURRENT MEDICATIONS	<input type="checkbox"/> Tick if extra information attached		
OUTCOME TOOL ADMINISTERED	(E.g., K-10)	RESULT	

PATIENT HISTORY		
▪ Psych problems, treatments		
▪ Family history of mental disorders		
▪ Physical health problems		
OTHER RELEVANT INFORMATION		
RISK ASSESSMENT	<i>Tick if present</i>	<i>Details (very important for home-visit psychology service)</i>
Suicide ideation	<input type="checkbox"/>	<input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Past attempts
Self-harm	<input type="checkbox"/>	
Other symptoms	<input type="checkbox"/>	<input type="checkbox"/> Unusual ideas <input type="checkbox"/> Hallucinations <input type="checkbox"/> Paranoia
Substance or medication misuse	<input type="checkbox"/>	
History of violence or aggression to others	<input type="checkbox"/>	
CRISIS PLAN REQUIRED? <i>(if yes, please detail)</i>		
DIAGNOSIS		

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PATIENT PLAN

PATIENT MAIN ISSUES	GOALS	TREATMENT AND REFERRALS
Aspects of the presenting problem and risk assessment requiring treatment	Record the mental health goals agreed to by the patient and GP	Referral to a psychologist for 6 sessions

