GP MENTAL HEALTH CARE PLAN (MBS ITEM NUMBER 2710)

PATIENT ASSESSMENT

Patient's Name		**Date of Birth**	
Address		**Phone**	
Carer details and/or emergency contact(s)		**Other care plan** Eg GPMP / TCA	YES ☐ NO ☐
GP Name / Practice			
AHP or nurse currently involved in patient care		**Medical Records No.**	

PRESENTING ISSUE(S) What are the patient's current mental health issues	
PATIENT HISTORY Record relevant biological psychological and social history including any family history of mental disorders and any relevant substance abuse or physical health problems	
MEDICATIONS (attach information if required)	
ALLERGIES	
ANY OTHER RELEVANT INFORMATION	
RESULTS OF MENTAL STATE EXAMINATION Record after patient has been examined	
RISKS AND CO-MORBIDITIES Note any associated risks and co-morbidities including risks of self harm &/or harm to others	
OUTCOME TOOL USED	**RESULTS**
DIAGNOSIS	

GP MENTAL HEALTH CARE PLAN (MBS ITEM NUMBER 2710)

PATIENT PLAN

PATIENT NEEDS / MAIN ISSUES	GOALS Record the mental health goals agreed to by the patient and GP and any actions the patient will need to take	TREATMENTS Treatments, actions and support services to achieve patient goals	REFERRALS Note: Referrals to be provided by GP, as required, in up to two groups of six sessions. The need for the second group of sessions to be reviewed after the initial six sessions.

CRISIS / RELAPSE If required, note the arrangements for crisis intervention and/or relapse prevention	

APPROPRIATE PSYCHO-EDUCATION PROVIDED	YES ☐ NO ☐	PLAN ADDED TO THE PATIENT'S RECORDS	YES ☐ NO ☐	COPY (OR PARTS) OF THE PLAN OFFERED TO OTHER PROVIDERS	YES ☐ NO ☐ NOT REQ'D ☐

COMPLETING THE PLAN On completion of the plan, the GP is to record that s/he has discussed with the patient: - the assessment; - all aspects of the plan and the agreed date for review; and - offered a copy of the plan to the patient and/or their carer (if agreed by patient)	
DATE PLAN COMPLETED	REVIEW DATE (initial review 4 weeks to 6 months after completion of plan)

REVIEW COMMENTS (Progress on actions and tasks) Note: If required, a separate form may be used for the Review.	OUTCOME TOOL RESULTS ON REVIEW