GP MENTAL HEALTH TREATMENT PLAN – MINIMAL REQUIREMENTS

Notes: *This form is designed for use with the following MBS items. Users should be familiar with the most recent item definitions and requirements.*

MBS ITEM NUMBER: ☐ 2700 ☐ 2701 ☐ 2715 ☐ 2717

Major headings are ***bold;*** *prompts to consider lower case. Response fields can be expanded as required.* ***Underlined items of either type are mandatory for compliance with Medicare requirements.***

This document is not a referral letter. A referral letter must be sent to any additional providers involved in this mental health treatment plan.

CONTACT AND DEMOGRAPHIC DETAILS

GP name		**GP phone**	
GP practice name		**GP fax**	
GP address		**Provider number**	
Patient surname		**Date of birth** (dd/mm/yy)	
Patient first name(s)		**Preferred name**	
Gender	☐ Female ☐ Male ☐ Self-identified gender:		
Patient address		**Patient phone** Can leave message? ☐ Yes ☐ No	
Medicare No.		**Healthcare Card/Pension No.**	
Emergency contact person details		**Patient consent for healthcare team to contact emergency contacts?**	☐ Yes ☐ No

PATIENT ASSESSMENT – MENTAL HEALTH	
Reasons for presenting	
Patient history Record relevant medical/ biological, mental health/ psychological, and social history	
Results of mental state examination	
Risk assessment Note any identified risks, including risks of self-harm and harm to others	
Assessment/outcome tool used and results, except where clinically inappropriate	
Provisional diagnosis of mental health disorder	
Case formulation	

PLAN			
Identified issues/problems	**Goals** Record goals made in collaboration with patient	**Treatments & interventions** Any actions and support services to achieve patient goals Actions to be taken by patient Consider: • psychological and/or pharmacological options • face to face options • internet-based options - myCompass - THIS WAY UP - MindSpot - e-couch - MoodGYM - Mental Health Online - OnTrack	**Referrals** Or appropriate support services Consider: • referral to internet mental health programs for education and/or specific psychotherapy - myCompass - THIS WAY UP - MindSpot - e-couch - MoodGYM - Mental Health Online - OnTrack

Intervention/relapse prevention plan If appropriate at this stage, note arrangements to intervene in case of relapse or crisis,	
Psycho-education provided?	☐ Yes ☐ No
Plan added to the patient's records?	☐ Yes ☐ No

Completing the plan On completion of the plan, the GP may record (tick boxes below) that s/he has: ☐ 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 patient)	**Date plan completed**

RECORD OF PATIENT CONSENT

I, _____*(name of patient)*, agree to information about my health being recorded in my medical file and being shared between the General Practitioner and other health care providers involved in my care, as nominated above, to assist in the management of my health care. I understand that I must inform my GP if I wish to change the nominated people involved in my care.

I understand that as part of my care under this Mental Health Treatment plan, I should attend the GP for a review appointment at least 4 weeks after but within 6 months after the plan has been developed.

I consent to the release of the following information to the following carer/support and emergency contact persons:

Name	**Assessment**		**Treatment Plan**	
	Yes	**No**	**Yes**	**No**
	☐ with the following limitations:	☐	☐ with the following limitations:	☐
	☐ with the following limitations:	☐	☐ with the following limitations:	☐

_____ _____/_____/_____
(Signature of patient or guardian) *(Date)*

I, _____, have discussed the plan and referral(s) with the patient.
(Full name of GP)

_____ _____/_____/_____
(Signature of GP) *(Date)*

REVIEW	
MBS ITEM NUMBER: ☐ 2712 ☐ 2719	
Date for review with GP (initial review 4 weeks to 6 months after completion of plan)	
Assessment/outcome tool results on review, except where clinically inappropriate	
Comments Review of patient's progress against goals; checking, re-enforcing and expanding education; modification of treatment plan if required	
Plan for crisis intervention and/or for relapse prevention, if appropriate and if not previously provided	