

GP Mental Health Treatment Plan

Be sure to check date / existence of any previous GPMHTP

Where it is unclear whether the patient has had a GP Mental Health Treatment Plan (GPMHTP) (previously named GP Mental Health Care Plan) prepared in the previous 12 months, the patient (or their representative*) can, whilst at the practice, ring the Medicare Enquiry Line on 132 011 - The person will need to quote their Medicare Number and ask whether an item 2710, has previously been paid and if so, when. * The patient's representative must have Power of Attorney and must have previously lodged this with Medicare Australia.

Patient's Medicare Number: _____

PATIENT ASSESSMENT (no minimum session time specified by Medicare)		Item 2710 <input type="checkbox"/>	Item 2712 <input type="checkbox"/>
Patient name		Date of birth	
Address		Phone	
Carer details and/or emergency contact(s)		Other Care Plan in place	
		GPMP <input type="checkbox"/>	TCA <input type="checkbox"/>
GP Name / Practice			
Allied Health Provider currently involved in patient care, if applicable			
Presenting issue(s) What are the patient's current mental health issues			
Patient history Record relevant biological, physiological, social history including any family history of mental disorders, any relevant substance abuse, physical health problems or sexual abuse issues			
Medications (attached information if required)			
Allergies			
Other relevant information			
Risks and co-morbidities Note any suicidal ideation or intent, plans, means and or risks to others. Note protective factors preventing risks including family support and any agreed safety plans.			
Outcome tool used		Results / Score	
Diagnosis of a mental health disorder / ICD-10			

GP Mental Health Treatment Plan

MENTAL STATE EXAMINATION (Record results after patient has been examined):

Appearance and General Behaviour Untidy / Casual / Well Groomed	Mood (Depressed / Labile) Normal / Low / High
Thinking (Content / Rate / Disturbances) Clear / Disturbed	Affect (Flat / Blunted) Normal / Flat / Reactive
Perception (Hallucinations etc) Normal / Disturbed	Sleep (Initial Insomnia / Early Morning Wakening) Normal / Disturbed
Cognition (Level of Consciousness / Delirium / Intelligence)	Appetite (Disturbed Eating Patterns) Normal / Increased / Decreased
Attention / Concentration Normal / Disturbed	Motivation / Energy Normal / Low / High
Memory (Short & Long term) Normal / Disturbed	Judgement (Ability to make rational decisions) Clear / Disturbed
Insight Clear / Disturbed	Anxiety Symptoms (Physical & Emotional)
Orientation (Time / Place / Person) Clear / Disturbed	Speech (Volume / Rate / Content) Normal / Slow / Pressured

PATIENT PLAN

Patient Needs / Main Issues / Problems	Goals Record the mental health goals agreed by the patient and GP and any actions the patient will need to take	Treatments Treatments, actions and support services to achieve patients goals	Referral to whom: Note: referrals to be provided in up to 2 groups of 6 sessions. The need for the second group of sessions is to be reviewed after the initial 6 sessions.
			<p style="text-align: center;"><u>ATAPS</u></p> <p><input type="checkbox"/> Group Counselling <u>NO</u> cost to patient</p> <p><input type="checkbox"/> Individual Counselling \$20 per session co-payment Nil for Healthcare Card Holders</p> <p><input type="checkbox"/> Better Access (MEDICARE)</p> <ul style="list-style-type: none"> <input type="radio"/> Rebates available <input type="radio"/> Refer to AMHSP Directory to determine <u>GAP payable</u> <input type="radio"/> Send GPMHCP to Psychologist <p>Patients cannot use their private health to cover the allied health gap fee, however gap costs to the patient count toward the patient's Medicare Safety Net.</p> <p>GPs, Psychiatrists or Paediatricians must claim the relevant Mental Health item number or the patient must claim a medicare rebate in order for the allied health professional to successfully be able to claim their item number for patient treatment.</p>

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Crisis / relapse prevention plans If required, note the arrangements for crisis intervention and/or relapse prevention	
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Appropriate psycho-education provided <small>(please mark with "X")</small>		Plan added to patient's record <small>(please mark with "X")</small>				Copy (or parts) of the plan offered to other providers <small>(please mark with "X")</small>				
Yes	No	Yes	No	Yes	No	Yes	No	N / A		

FINALISING THE PLAN

On completion of the plan, the GP is to record that he / she has gained consent for the plan and review and 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 carer and/or allied health professional or BOMHC Level 2 GP (if agreed by patient)

Date plan completed		Review date <small>(initial review 1 to 6 months after completion of plan)</small>	
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I give my consent to share clinical notes with my General Practitioner, Hawkesbury-Hills Division Mental Health Team and my treating Psychologist/s (group / individual).

I agree to my de-identified information being used to assist in research data.

Record patient agreement to GP Mental Health Plan	Patient Signature:
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GP/PATIENT - REVIEW #1 Item 2712

Review comments (Progress on actions and tasks outlined in GP Mental Health Care Plan)

Outcome tool (Results on review)	
Patient referred for another set of 6 sessions	<input type="checkbox"/> Yes <input type="checkbox"/> No
GP signature:	Date:

GP/PATIENT - REVIEW #2 Item 2712

Review comments (Progress on actions and tasks outlined in GP Mental Health Care Plan)

Outcome tool (Results on review)	
Patient referred for another set of 6 sessions	<input type="checkbox"/> Yes <input type="checkbox"/> No
GP signature:	Date:

Note: Additional reviews can be conducted utilising Item 2713 or standard consultation item. Please record on patient record.