

GP Mental Health Care Plan (Item 2710)

Patient Name	
Address	
Date of Birth	
Medicare Number	
Gender	MALE / FEMALE / OTHER
Aboriginal or Torres Strait Islander Origin	YES / NO
GP details	
Date of Plan	
Patient consent	<p><i>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.</i></p> <p>GP signature/date:</p> <p>Patient signature/date:</p>

Presenting Problem	Diagnosis

Relevant History

Current Medications	

Outcome Tool Administered (eg GAF or K-10)	
Before treatment	After treatment

Risk Assessment	
Suicidal ideation (Current plan?)	
Risk to others?	

Plan for crisis intervention

Social or family contacts

Recommendations for treatment	Changes desired by patient	Actions taken

<p>Copy of GPMHC Plan supplied to other service providers involved with patient care: YES / NO / NOT REQUIRED</p> <p>Copy of plan acts as referral to Psychologist YES / NO</p>

<p>Copy of plan offered to patient?</p>	<p>YES / NO</p>
<p>Copy of plan added to patient's records?</p>	<p>YES / NO</p>