

Mental Health Care Plan Review (Item 2712)

Patient Name	
Address	
Date of Birth	
Medicare Number	
Gender	MALE / FEMALE / OTHER
Aboriginal or Torres Strait Islander Origin	YES /NO
GP's Name	
Date of Review	
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

Progress against goals identified in Plan

Outcome Tool Re-administered (eg GAF or K-10)

Before Treatment	After Treatment

Risk Assessment

Suicidal ideation (Current plan?)	
Risk to others?	

Plan for crisis intervention

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Plan for relapse prevention and on-going management

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Further recommendations?

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I recommend patient for additional sessions of psychological treatment under Medicare/ATAPS:

GP signature/date:

**Copy of GPMHC Review supplied to other service providers involved with patient care:
YES / NO / NOT REQUIRED**

**Copy of Review acts as extended referral to Psychologist?
YES / NO**

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