

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		Other care plan e.g.GPMP / TCA	
GP Name / Practice			
AHP/ nurse currently involved in patient care		Medical Records No.	
PATIENT CONSENT Patient has agreed to GP Mental Health Care Plan service			
PRESENTING ISSUE(S) What are the patient's current mental health issues			
PATIENT HISTORY Record relevant <ul style="list-style-type: none"> ▪ biological ▪ psychological and ▪ social history including any ▪ family history of mental disorders and any relevant ▪ substance abuse ▪ physical health problems 			
MEDICATIONS (attach information if required)			
ALLERGIES			
ANY OTHER RELEVANT INFORMATION			
RESULTS OF MENTAL STATE EXAMINATION Record after patient has been examined (Refer table on p3)			
RISKS AND CO-MORBIDITIES Note any associated risks and co-morbidities including suicidal tendencies and risks to others			
OUTCOME TOOL USED		RESULTS	
DIAGNOSIS			