

GP MENTAL HEALTH CARE PLAN (MBS ITEM NUMBER 2710) PATIENT ASSESSMENT			
<b>Patient's Name</b>		<b>Date of Birth</b>	
<b>Address</b>		<b>Phone</b>	
<b>Carer details and/or emergency contact</b>		<b>Other care plan</b> e.g.GPMP / TCA	
<b>GP Name / Practice</b>			
<b>AHP/ nurse currently involved in patient care</b>		<b>Medical Records No.</b>	
<b>PATIENT CONSENT</b> Patient has agreed to GP Mental Health Care Plan service			
<b>PRESENTING ISSUE(S)</b> What are the patient's current mental health issues			
<b>PATIENT HISTORY</b> Record relevant <ul style="list-style-type: none"> <li>▪ <b>biological</b></li> <li>▪ <b>psychological</b> and</li> <li>▪ <b>social</b> history including any</li> <li>▪ <b>family history of mental disorders</b> and any relevant</li> <li>▪ <b>substance abuse</b></li> <li>▪ <b>physical health problems</b></li> </ul>			
<b>MEDICATIONS</b> (attach information if required)			
<b>ALLERGIES</b>			
<b>ANY OTHER RELEVANT INFORMATION</b>			
<b>RESULTS OF MENTAL STATE EXAMINATION</b> Record after patient has been examined (Refer table on p3)			
<b>RISKS AND CO-MORBIDITIES</b> Note any associated risks and co-morbidities including suicidal tendencies and risks to others			
<b>OUTCOME TOOL USED</b>		<b>RESULTS</b>	
<b>DIAGNOSIS</b>			