

Mental Health Treatment Plan Item No: 2715/2717/2700/2701

For **Referral to Stillpoint Psychology Bulk Bill Service** FAX: 03 8640 0606 Mob: 0431 201 734

Contact: appointments@stillpointpsychology.com.au www.stillpointpsychology.com.au

Urgency of booking request: As soon as reasonably practical [] standard waiting time (<week) []

Patient Name:				Medicare no:	
Address:					
Phone number:	Mobile:	Home:			
DOB:		Gender:	Male [] Female []	Date:	
GP Name				GP Signature:	
Phone number					
Address					
Provider No.					

Problem/Provisional Diagnosis	Actions/Goals
Number 1:	•
Number 2:	•
Number 3:	•

Current Medications	Current Risk Assessment (at time of referral)
	NIL Currently <input type="checkbox"/>
	Suicidal Intent <input type="checkbox"/> - refer to SE Psychiatric CATT 1300 363 746
	Possible harm to others <input type="checkbox"/> - refer to SE Psychiatric CATT 1300 363 746 Or Men's Referral service 1800 065 973
	History of substance use <input type="checkbox"/>
	Comments:

Mental Health History/Treatment	
Has the person ever received specialist mental health care?	DASS 21 _____ K10 _____
Other Relevant Information:	
Language spoken at home: How well does the person speak English:	
Coping activities:	

Family History of Mental Illness:
Key Family/Support Contact:

Initial Action Plan - to be considered for					
<input type="checkbox"/>	Diagnostic assessment	<input type="checkbox"/>	Psycho-education	<input type="checkbox"/>	Interpersonal Therapy
<input type="checkbox"/>	Cognitive Behavioural Therapy (CBT)	<input type="checkbox"/>	Relapse Planning	<input type="checkbox"/>	Crisis Planning

Mental Status Examination	
Appearance and General Behaviour	Normal Other:
Mood (Depressed/Labile)	Normal Other:
Thinking (Content/Rate/Disturbances)	Normal Other:
Affect (Flat/Blunted)	Normal Other:
Perception (Hallucinations etc.)	Normal Other:
Sleep (Initial Insomnia/Early Morning Wakening)	Normal Other:
Cognition (Lvl of awareness/Delirium/Intelligence)	Normal Other:
Appetite (Disturbed Eating Patterns)	Normal Other:
Attention/Concentration	Normal Other:
Motivation/Energy	Normal Other:
Memory (Short and Long Term)	Normal Other:
Judgement (Ability to make rational decisions)	Normal Other:
Insight (awareness of symptoms)	Normal Other:
Anxiety Symptoms (Physical & Emotional)	Normal Other:
Orientation (Time/Place/Person)	Normal Other:
Speech (Volume/Rate/Content)	Normal Other:

Other Mental Health Professionals involved in Patient Care:	Contact:
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Patient Education Given: Yes/No **Patient given copy of MH Plan:** Yes/No **GP Review Date:**

Patient Education Given: Yes/No

Patient given copy of MH Plan: Yes/No

GP Review Date: