260 Loganlea Road, Meadowbrook OLD 4131

phone: 07 3804 4200 *II* fax : 07 3804 4299 *II* email: headspace.meadowbrook@aftercare .com.au

Mental Health Care Plan Review (2712, 2713)

|  |  |
| --- | --- |
| Patient Name: | Date of Birth: |
| Patient Address: | Patient Phone: |
| Referring GP Name: | Practice Address: |
| GP Provider Number: |  |

|  |
| --- |
| Mental Health Diagnosis |
| Mental Health History/Previous Treatment: |
| Goals Identified in Mental Health Care Plan: |
| New Goals Identified upon Review: |
| Progress Towards Goals: |
| Number of Psychology Sessions Attended Since Plan or Last Review was Created: |
| Plan for Further Action/Treatment: |

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**Risk Assessment** (tick the relevant answers)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Suicidal Thoughts: | **🞏** | Yes | **🞏** | No | Suicidal Intent: | **🞏** | Yes | **🞏** | No |
| Current | Plan: | **🞏** | Yes | 🞏 | No | Risk | to | Others: | 🞏 | Yes | **🞏** | No |

**Crisis Management Plan** (tick each box once you have discussed the option with the patient) In case of a crisis, the patient will contact:

|  |  |
| --- | --- |
| **🞏** | Metro South Mental Health Service: 1300 642 255 |
| **🞏** | Lifeline: 13 11 14 |
| **🞏** | Family Contact: |

**Actions** (tick each box once complete)

|  |  |
| --- | --- |
| **🞏** | Discussed assessment , diagnosis and further treatment with the patient |
| **🞏** | Provided psycho-education to the patient if required |
| **🞏** | Discussed MHCP and Review process with the patient |
| **🞏** | Offered a copy of the Mental Health Care Plan Review to the patient |

# Patient Agreement

I agree to the completion of this review, and understand the recommendations. Patient Signature:

**GP Agreement**

GP Signature: GP Provider Number:

**Review Details**

Date of Completion of this Review: Date of Next Review:

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**Assessment - K10 - Patient to Complete**

For all questions, please mark the appropriate response box. In the past 4 weeks:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| In the past 4 weeks | 1None of the time | 2A little of the time | 3Some of the time | 4Most of the time | 5All the time |
| 1. About how often did you feel tired? |  |  |  |  |  |
| 2. About how often did you feel nervous? |  |  |  |  |  |
| 3. About how often did you feel so nervous that nothing could calm you down? |  |  |  |  |  |
| 4. About how often did you feel hopeless? |  |  |  |  |  |
| 5. About how often did you feel restless or fidgety? |  |  |  |  |  |
| 6. About how often did you feel so restless that you could not sit still? |  |  |  |  |  |
| 7. About how often did you feel depressed? |  |  |  |  |  |
| 8. About how often did you feel that everything is an effort? |  |  |  |  |  |
| 9. About how often did you feel so sad that nothing could cheer you up? |  |  |  |  |  |
| 10. About how often did you feel worthless? |  |  |  |  |  |
| TOTAL= |  |