

BOIMHC MENTAL HEALTH 3 STEP PROCESS

PART 2 - PLAN & REVIEW

Patient Name	Mr Justin Nguyen	Date of Birth	24/08/2001
GP	Dr Bruce Ella 92479888	Outcome Tool Used	DASS
Date of Plan	14/04/2022	Date of Review	
Outcome tool result at assessment		Result at review	

	GOAL	PLAN	REVIEW
Problem/Diagnosis	(eg reduce symptoms, improve functioning)	Action/ Task (eg Refer for Allied Health, or pharmacological treatment, or engagement of family and other supports)	
1. Mixed Anxiety and Depression Disorder	improve mood, improve anxiety, improve social engagement	refer psychologist	
2.			
3.			


For which Access to Allied Health Service is the person being referred? (Multiple responses allowed)			
Diagnostic assessment	Yes	Psycho-education	Yes / No
Cognitive Behavioural Therapy (CBT):	Behavioural interventions	Yes / No	Cognitive interventions
	Relaxation strategies	Yes / No	Skills training
	Other CBT interventions (please specify):		
Other - please specify:			
If referring for CBT program - Consent form signed by patient			Yes

Relapse Prevention Plan (if appropriate)
Develop coping skills with psychologist

Emergency Care
Contact GP or attend Emergency Department

Patient Education	Yes	Copy of MH plan given to patient	Yes
Does the patient understand their condition?		YES	

I understand the above Mental Health Plan and agree to the outlined goals/actions
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Patient Signature:	VERBAL	Date:	14/4/2022
GP Signature:		Date:	14/4/22

Date for Mental Health Review (between 1 – 6 months):	
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MBS Item Numbers for Review by GP: Level C 2574 surgery and 2575 elsewhere; Level D 2577 surgery and 2578 elsewhere.
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