



GP Mental Healthcare Plan (Medicare Item No. 2710)

1. Referral Details

Referring Doctor

USE BLOCK CAPITALS

Date of Plan/Referral

/ /

Provider Number**Phone****Email****Address**

Street

Suburb

Post Code

2. Patient Details

Name of Child

USE BLOCK CAPITALS

Gender

M / F

DOB

/ /

Names of Parents/Guardians**Relationship****Address**

Street

Suburb

Post Code

Email

Phone (BH)

Phone (AH)

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Mobile

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3. Patient History

Presenting Issue(s):

Current mental health issue(s). E.g.: depression, anxiety, ADHD, etc.

Patient History:

List any relevant biological, psychological or social history. E.g. mental health disorders in family, substance abuse, physical health problems, etc.

Medication:

Attach additional information if necessary.

Assessment Tools:

E.g. K10.

Diagnosis:

Other Details:

List any other relevant information.

4. Risk Assessment

Has the patient reported any suicidal ideation?

Yes No

Does the patient present a risk to others?

Yes No

Crisis Intervention Plan:

5. Treatment – Recommendations and Goals

Recommendations for Treatment:

Changes Desired by Patient:

Actions to be Taken:

6. Copies of Plan

- Copy of plan given to patient
- Copy of plan given to psychologist (this acts as a referral)
- Copy of plan added to patient record

7. Contact with Psychologist

- ✓ Contact will be made after initial visit and referral.
- ✓ Summary report after 6th session.
- ✓ Summary report after 12th session.
- ✓ Contact letter after final session with recommendations for ongoing care.

Doctors are welcome to contact School Psychology Services by phone or email at any time to discuss patient progress.

Completed By

Date

USE BLOCK CAPITALS

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Signature: