

Dr.E.Guneratne
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Provider No. 215036BF

1/11/2024

Dear M Hookham

Re: Mr Mark Muscat
2 Powell Street
HOBARTVILLE 2753
DOB: 18/10/1962
Home Phone -(02) -
Mobile -0411 591 823

Thank you for seeing Mr Mark Muscat, age 62yrs, who has had multile skin scarring from surgery is psychologically affected by it for review please

Allergies:
No known allergies/adverse reactions.

Thankyou for your care and assistance. I shall await your reply.

Yours sincerely,



Dr Enoka Guneratne



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dr enoka's surgery
shop5, Heritage Plaza, North Richmond, NSW 2754, Australia

MENTAL HEALTH TREATMENT PLAN

2717

Provider's details

Name: Enoka Guneratne

Provider number: 215036BF

Documentation details

Prepared by: Enoka Guneratne

Date of preparation: 19/11/2024

Duration: 0 minutes

Next review: 20/02/2025

Patient's details

Name: Mark Muscat

Date of birth: 18/10/1962

Address: 2 Powell Street, Hobartville, NSW, Australia

Medicare number: 2695688595 1

Phone number: 0411591823

Summary

Key family support

Patient education given	Yes
Copy of the plan given to the patient	Yes
Copy of the plan given the other healthcare provider/s	Yes
Copy of the MHTP is uploaded into the clinical file	No
Diagnosis/ Provisional Diagnosis	<ul style="list-style-type: none">• Generalized anxiety (ICD-10:F41.1)
K10	32

Mental Health Assessment

History

Presenting Problem

- PTSD, OCD

Past psychiatric history

- Anxiety
- Depression

Personality

- Obsessional
- Isolated
- Impulsive
- Sensitive
- Anxious
- Fluctuating
- Few friends

Marriage or relationships

- Single

Mental Health Examination

Appearance and Behaviour

- Normal

Speech

- Normal

Mood

- Fluctuating

Affect

- Flattened

Thought

- Normal

Cognition

- Orientation
 - Normal
- Attention and concentration
 - Normal
- Memory
 - Normal

Insight and Judgement

- Preserved

K10 results

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Mental Health Examination

- Poor sleep
- Early morning wakening
- Irritability
- Irrational fears
- Panic attacks
- Compulsive behaviour

K10 Assessment

	None of the time (1)	A little of the time (2)	Some of the time (3)	Most of the time (4)	All of the time (5)	
About how often did you feel tired out for no good reason?			✓			
About how often did you feel nervous?		✓				
About how often did you feel so nervous that nothing could calm you down?			✓			
About how often did you feel hopeless?				✓		
About how often did you feel restless or fidgety?			✓			
About how often did you feel so restless you could not sit still?			✓			
About how often did you feel depressed?				✓		
About how often did you feel that everything was an effort?				✓		
About how often did you feel so sad that nothing could cheer you up?			✓			
About how often did you feel worthless?			✓			
Total	0	2	18	12	0	32/50

Relevant Medical Findings

BP	111.0/85.0
BMI	25.3
Active medications	ESCITALOPRAM 10mg Tablet, 1 daily (28) 5 repeats, Oral - Swallowed TRELEGY ELLIPTA 100mcg-62.5mcg-25mcg/actuation Powder Inh, 1 daily (30 dose) 5 repeats, Oral - Inhaled NEXIUM 20mg EC Tablet, 1 daily (30) 5 repeats, Oral - Swallowed VENTOLIN NEBULES 5mg/2.5mL Neb Solut'n, 1 daily m.d.u. (3*20*2.5mL) 5 repeats, Oral - Nebuliser AIROMIR AUTOHALER CFC-FREE 100mcg/dose Autohaler, 2puffs (2*200 dose) 5 repeats, Oral - Inhaled
Cholesterol	4.8
eGFR	90.0
Alcohol use	Current non-drinker/ Never
Smoking	SMOKING: Never Smoked
List of relevant medical conditions	<ul style="list-style-type: none"> Mental Health

Mental Health Plan

Diagnosis	<ul style="list-style-type: none"> Generalized anxiety (ICD-10:F41.1)
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Treatment

- Counselling
- Psychotherapy
- CBT
- Medications

Management

- Referral to a psychologist
- Referral to mental health service
- Referral to a psychiatrist
- Crisis action plan
- Medications

Patient action

- Generic
 - Follow GP advice
 - Follow specialist advice
 - Follow allied health advice
 - Follow advice on quit smoking
 - Follow advice on alcohol
 - Follow advice on physical activity
 - Follow advice on diet
 - Reduce carb intake
 - Cook healthy
 - Reduce snacks
 - Improve vegetable in the diet
 - Avoid fast foods
 - Avoid sugary drinks
 - Improve fibre-rich diet
 - Emergency actions
 - Call '000' in all medical emergencies
 - Follow up with GP for annual flu vaccination
- Mental Health
 - Call life line 13 11 14 in psychological crisis
 - Call your mental health team if urgent psychological help is needed
 - Attend to psychotherapy as advised
 - Follow psychologist's advices
 - Maintain regular contacts with your GP
 - Avoid abrupt medication withdrawal
 - Report all side effects/ adverse reactions

Goals

- Generic
 - Miscellaneous
 - Engage in arts and crafts
 - Try new cooking recipes
 - Shop fresh fruits and veggies
 - Go to bed early
 - Make a budget
 - Increase efforts to reconnect with the family
 - Making new friends
 - Listening to music
 - Reading books
 - Participate in social activities
 - Participate in shopping
 - Participate in gardening
- Mental Health
 - Maintain a functional capacity
 - Reduce exacerbations
 - Improve mood
 - Achieve social functioning
 - Regular medication use

GP actions

- Generic
 - Patient education
 - Advise on weight loss strategies
 - Motivational interview
 - Organise adequate scripts
- Mental Health
 - Counselling
 - Medication management
 - Liaise with the psychologist
 - Referral to a psychiatrist
 - Involve social support worker

Future Sessions

Next Review date

20/02/2025

I, Enoka Guneratne, have discussed the plan and referral(s) with the patient.



Signature (Enoka Guneratne)

Date: 19/11/2024

I, Mark Muscat, have understood the purpose and agree to the preparation of this plan by the GP.

As part of my care under this Mental Health Treatment plan, I understand that I should attend the General Practitioner for a review as indicated in the plan.

I have also consented to share these documents with all the care providers listed in the plan unless as requested otherwise.



Signature (patient)

Date: 19/11/2024

Mark Muscat, 18/10/1962

2 Powell Street, Hobartville, NSW, Australia

Dr Enoka Guneratne

dr enoka's surgery
shop5, Heritage Plaza, North Richmond, NSW 2754, Australia

Michelle Hookham

Consent and Assignment of Medicare Benefits

I hereby confirm my informed consent to the creation of the documents, as mentioned earlier in relation to my Mental Health Management.

I assign my Medicare benefits to the provider mentioned above for performing these 'Mental Health Management' services.

Signed



Signature

Date: 19/11/2024