

GP MENTAL HEALTH TREATMENT PLAN (Item 2715 if new/2712 if review)

Patient name	Miss Alannah Ann Sullivan	Date of birth	05/07/2002
Address	798 Grose Vale Road Grose Vale 2753	Phone	0426920702
Carer details and/or emergency contact(s)	Vickie Sullivan- mother Mobile 0419164097	Medicare number	
		2862355271	
Referring GP	Dr Meeta Mahale 5675665L		
Allied Health Provider currently involved in patient care, if applicable			
Presenting issue(s) What are the patient's current mental health issues?	Acute stress disorder ?? PTSD secondary to unfortunate experience of natural calamity when overseas		
Patient history Record relevant biological, physiological, social history including any family history of mental disorders, any relevant substance abuse, physical health problems or sexual abuse issues	Uni student Studying law and arts Lives at home with parents and 2 siblings December- was in Vanautu Experienced an earthquake Anxiety symptoms since Feels on edge Heart races Small events make her feel nervous Poor sleep- 5-6 hrs sleep Stays awake in bed most nights Past anxiety when younger, past depression No TOSH/ TOHO as of now Appetite ok Never been on medications in past Feels safe at home Denies any sort of abuse in past No etoh use Doesnt smoker No use of recreational substances		
Medications (attached information if required)	Acnatac 1% w/w;0.025% w/w Apply Before bed As directed. Topical gel		

	Atovaquone /Proguanil 250mg;100mg Tablet	1 tablet orally daily (follow instructions on administration)
		start 1-2 days before entering, continue 7 days after. Take for 16 Days.
	Havrix 1440 1,440 Elisa units Syringe	1 Syringe For doctor's use.
	Isotretinoin 40mg Capsule	1 Capsule Daily.
	Typhim Vi 0.025mg/0.5mL Syringe	1 Syringe For doctor's use.
	Vitamin D 1000IU Tablet	1 Tablet Daily.
Allergies	Amoxycillin RASH	
Other relevant information		
Risks and co-morbidities Note any suicidal ideation or intent, plans, means and or risks to others. Note protective factors preventing risks including family support and any agreed safety plans.	No current thoughts of self harm or harm to others	
Outcome tool used	DASS-21	Results / Score 12/ 40/ 32
Diagnosis	Acute stress reaction versus PTSD	

MENTAL STATE EXAMINATION

Appearance

	Untidy	x	Casual		Well Groomed
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Behaviour (eye contact, facial expression, body language)

x	Engaged		Disturbed
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Speech (rate, quantity, tone, volume, fluency, rhythm)

x	Clear		Disturbed
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Mood (patient's internal state)

	Normal	x	Low		High
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Affect (clinician's observation)

	Reactive	x	Flat		Congruent
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Thought (form, content)

x	Clear		Disturbed
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Perception (hallucinations)

x	Clear		Disturbed
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Cognition

x	Not assessed		MMSE score
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Insight

x	Present		Absent
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Judgement (ability to make rational decisions)

x	Clear		Disturbed
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Other factors:**Sleep**

	Normal	x	Disturbed
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Appetite

x	Normal		Increased		Decreased
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Final comments

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PATIENT PLAN

Patient Needs/ Main Issues/ Problems	Goals Record the mental health goals agreed	Treatments Treatments, actions and support services	Referral to whom: Note: referrals to be provided in up to 2 groups of 6 and 4
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	by the patient and GP and any actions the patient will need to take	to achieve patients goals	sessions. The need for the second group of sessions is to be reviewed after the initial 6 sessions.	
Acute stress reaction/ ? PTSD	Learn coping strategies Improve mood Improve sleep	CBT	X	Better Access (MEDICARE)
			Patients cannot use their private health to cover the allied health gap fee, however gap costs to the patient count toward the patient's Medicare Safety Net.	

Appropriate psycho-education provided (please mark with "X")				Plan added to patient's record (please mark with "X")				Copy (or parts) of the plan offered to other providers (please mark with "X")				
Yes	X	No		Yes	X	No		Yes	X	No		N / A

FINALISING THE PLAN

Date plan completed	05/02/2025	Review date	3 months
<i>I confirm that I am the treating General Practitioner, who has gained consent to create this plan today and review at the agreed date. I have provided the patient with a copy and offered to share this with her carer and/or allied health professionals involved.</i>		GP Signature:	
<i>I confirm that I am the patient who has created this plan with Dr Meeta Mahaletoday. I give my consent to share this plan and clinical notes with herself, Nepean Medicare Local Mental Health Team and my treating Psychologist/s.</i>		Patient Signature:	

GP/PATIENT - REVIEW #1

Item 2712

Review comments (Progress on actions and tasks outlined in GP Mental Health Care Plan)			
Outcome tool (Results on review)			
Patient referred for another set of 6 sessions		Yes	No
GP signature:		Date:	

GP/PATIENT - REVIEW #2			
Item 2712			
Review comments (Progress on actions and tasks outlined in GP Mental Health Care Plan)			
Outcome tool (Results on review)			
Patient referred for another set of 6 sessions (X)		Yes	No
GP signature:		Date:	