

GP Mental Health Care Plan (MBS Item No 2715)

Patient Assessment

ASSESSMENT Date: 10/10/25

Referring GP Details

Name	Dr Yan Yan Michelle Li	GP Provider No.	287071BH
Address	Shop 10, Bligh Park Shop Centre BLIGH PARK NSW 2756	Phone	(02) 4572 7222
		Fax	4572 0230

Patient Details

Name	Mrs Selena Glover	Phone	0431730774
Address	32 Neptune Cres BLIGH PARK NSW 2756	Other Care Plan	No
DOB	10/8/1977		

Psychologists Details

Name	Michelle Hookham	Phone	02 4577 4435
Address	Old Hawkesbury Hospital 6 Christie St WINDSOR NSW 2756	Fax	

Speak English	very well		well	<input checked="" type="checkbox"/>	not well		none	
Other languages spoken at home	Specify:							
Live on their own	Yes	<input checked="" type="checkbox"/>	No		Unknown			
Low Income Earner	Yes	<input checked="" type="checkbox"/>	No		Unknown			
Previous Specialist Mental Health Care	Yes		No		Unknown			
Highest Education Level	Primary		Up to Yr 10		Yr 11			
	Yr 12		Tertiary					
Primary Diagn. Category (ICD 10)	Alcohol & Drug Use F1		Psychotic F2		Depression F3			<input checked="" type="checkbox"/>
	Anxiety F4		Unexplained Somatic F5		Other (specify)			<input checked="" type="checkbox"/>
Intervention Requested for patient treatment (more than one can be req)	Diagnostic Assessment		Psycho Education	<input checked="" type="checkbox"/>	Interpersonal Therapy		Other (specify)	
	Behavioural Interventions		Cognitive Interventions	<input checked="" type="checkbox"/>	Relaxation Strategies		Skills Training	<input checked="" type="checkbox"/>

Presenting Issues (e.g. presenting problems) Needs ongoing psychological support for depression and PTSD. Has significant stressors and lives alone with little social support.

(family/personal history, drug/alcohol use, social situation (work, home) family history: Hypertension, diabetes

sister (aged 58) -breast cancer diagnosed in 2022
bowel cancer- multiple extended family
father- melanoma

Patient History: Active:

Date	Condition -- Comment
2022	Hysterectomy - Total
2023	Anxiety
2023	Depression
2023	Diabetes Mellitus - Type II
2023	Diabetic Retinopathy - Proliferative known to Dr. Alison Chiu, to see Prof. Mitchell for injectable treatments
2023	Fibroadenoma (Right)
2023	Hypertension first diagnosed aged 30 but had fluctuating BP since early teenage years
1/2023	PTSD (post-traumatic stress disorder)

Inactive:

Mental Health Nurse Incentive Program Referral Form

Please contact 1800 223 365 to obtain referral code

Referral form and mental health treatment plan to be sent directly to the Mental Health Nurse.



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Referral Date	Patients initials	Year of Birth	M / F / Other	Postcode
10/10/25	SG	1977	F	2756

MHNIP Referral Details:

Referral Code	Nurse Name	Phone	Fax / Email
NBM17255	Michelle Huchart	0423162001	

Eligibility Criteria (The patient must meet all of the criteria to be eligible for MHNIP)

Criteria 1*	Criteria 2*	Criteria 3*	Criteria 4*
<input checked="" type="checkbox"/> The patient has been diagnosed with an eligible mental health disorder: List diagnosis: PTSD Depression	<input checked="" type="checkbox"/> The disorder causes significant disablement to the patients social personal and occupational functioning	<input checked="" type="checkbox"/> The patient is expected to require continuing treatment and management of their mental health disorder over the next two years	<input checked="" type="checkbox"/> The patient has experienced at least one episode of hospitalization for treatment of mental health disorder, or is at risk of requiring hospitalisation in the future if appropriate treatment and care is not provided

Additional information to support patient:

Does the patient speak a language other than English?	No
Does the patient live alone?	No
Has the patient received specialist mental health care before?	Public, Private, Medical, Allied Health
Is the patient receiving medication?	Benzodiazepines, Anti-Depressants, Antipsychotics, Mood Stabilisers
Is there a history of aggression (physical or verbal) towards health professionals? (For safety assessment purposes. Will not affect acceptance of referral)	No
Reason For Referral	Ongoing psychotherapy for PTSD.

Patient Consent:

By consenting to this referral, I understand that all information in this referral, and any previous referrals (where applicable) including my personal information, will be collected for the primary purpose of delivering care; and for the ongoing monitoring, reporting, evaluation and improvement of services. I consent with the understanding that this information will only be used, disclosed and stored for its primary purpose, between my health service provider(s), the Department of Health, and the Nepean Blue Mountains Primary Health Network (NBMPHN) and affiliated partner organisation(s)*, in accordance with the Australian Government Privacy Act, 1988.

* Affiliated partner organisation(s) means those required to support the monitoring, reporting, evaluation and/or clinical governance for the service.

Patient Signature /Date:

[Signature]

GP signature (provide GP Details or stamp):

DR MICHELLE L.
 Shop 10 Bligh Park Shopping Centre
 Bligh Park 2756
 Phone: 02 4572 7222
 Provider No: 287071BH

[Signature]
 10/10/25

phn
 NEPEAN
 BLUE MOUNTAINS

Date 1990		Condition -- Comment Oophorectomy (Right)	
Medications:			
Drug Name	Strength	Dosage	
COVERAM Tablet	10mg/10mg	1 mane m.d.u.	
EFEXOR-XR Capsule	150mg	1 daily m.d.u.	
EFEXOR-XR Capsule	75mg	1 daily m.d.u.	
GLICLAZIDE MR Tablet	60mg	1 b.d. c.c.	
JARDIAMET Tablet	12.5mg/1,000mg	1 b.d. m.d.u.	
LIPIDIL Tablet	48mg	1 nocte m.d.u.	
Allergies: No known allergies/adverse reactions.			
Relevant Physical & Mental Health Examination (Risk Assessment) incl 1st K10 score = 26			
Mental Status Examination (very brief details, two or three words)			
Appearance & Behaviour:	casual	Mood:	Low
Thinking:	Clear	Affect:	Flat
Perception:	Normal	Sleep:	Normal
Anhedonia:	Present	Appetite:	Normal
Attention / Concentration:	Normal	Motivation/Energy:	Low
Memory:	Normal	Judgement/Insight:	Clear
Orientation:	Clear	Speech:	Normal
Diagnosis: depression, PTSD			

Plan

PROBLEMS/ISSUES	GOAL (e.g. reduce symptoms, improve functioning)	ACTION / TASK/ REFERRALS (e.g. Referral for Allied Health, or pharmacological treatment, or engagement c family/other supports)
1. Depression	Ongoing psychological support	Please do 10 sessions with this plan, the review Psychotherapy pharmacotherapy
2. PTSD	improve on function	Psychotherapy pharmacotherapy

Follow Up / Relapse Prevention Plan (if appropriate)
Telephone Numbers in event of Emergency - Mental Health Team - 1800 011 511, Lifeline - 131114
Emergency Care - 000, Suicide Callback 1300 659 467, Men's line 1300 789 978, Veteran's Line 1800 011 046
Qlife 1800 184 527, Kid's Helpline 1800 551 800; beyond blue 1300 224 636; Domestic violence 1800 737 732
Notes

Patient Education Given	Yes	Copy of MH Plan offered to Patient / Carer	No	Copy of MH Plan given to other providers	No
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I understand the above Mental Health Assessment and Plan and agree to the outlined goals / actions as discussed by my GP. We have also agreed upon a date for review.

I give my consent to share clinical notes with the Allied Health Provider

Patient signature		GP signature	
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Proposed date for Mental Health Review (between 1 – 6 months)	
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Review (progress on actions and tasks)	Final K10 Score
reviewed 10/10/25- progressing with psychotherapy, will benefit from ongoing sessions	