

# GP Mental Health Care Review

Mental Health Review Item 2712



Review Date:		(4 weeks to 6 months from date of MHTP)
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## Client details

Name:		Outcome Tool used:	Results:
		<input type="checkbox"/> K-10+ / <input type="checkbox"/> DASS-21	
D.O.B.:		Gender:	
Does the client identify as Aboriginal or Torres Strait Islander?		<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither	

## GP details

Name:		Surgery:	
Address:		Phone:	

Problem/Diagnosis	Goal	Progress on Actions and Tasks
<b>Number 1:</b>		
<b>Number 2:</b>		
<b>Number 3:</b>		
<b>Follow-up Relapse Prevention Plan:</b>		

## Risk Assessment (must complete)

Has current suicidal thoughts	<input type="checkbox"/> Yes (If yes, please contact Sonder)	<input type="checkbox"/> No
Has a current plan to end their life	<input type="checkbox"/> Yes (If yes, please contact Sonder)	<input type="checkbox"/> No
Has attempted suicide in the last 6 months	<input type="checkbox"/> Yes (If yes, please contact Sonder)	<input type="checkbox"/> No
Is at risk of harming others (due to violence/ aggression)	<input type="checkbox"/> Yes (If yes, please contact Sonder)	<input type="checkbox"/> No

Other comments:

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Re-referral section if further sessions required:

Record of Patient Consent

I, \_\_\_\_\_ (**client** name - please print clearly) agree to information about my mental health and wellbeing to be shared between the GP and the Clinician to whom I am referred, to assist in the management of my health care.

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For clients under 16 years:*

Parent/guardian name: \_\_\_\_\_ Parent/guardian signature: \_\_\_\_\_

I (GP named above) have discussed the proposed referral(s) with the patient and am satisfied that the client understands the proposed uses and disclosures and has provided their informed consent to these.

GP Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax completed referral form to the Central Referral Unit on 1300 580 249.**