Signature Psychology **Referral** & GP Care Plan

(meets Medicare Mental Health Assessment and Review requirements)

Signature Psychology
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GP Stamp:

☐ Medicare Referral

☐ Private Referral (Assessment & Mental Health Plan items are optional)

Date of Referral & Care Plan: _____ dd/mm/yy

Patient Name: _____

Date of Birth: _____ dd/mm/yy **Gender:** ☐ M ☐ F

Address: _____ Suburb: _____ PostCode: _____

Telephone: Work _____ Home: _____ Mobile: _____

STEP 1: ASSESSMENT & MENTAL HEALTH PLAN (ITEM NUMBER 2710)

Relevant history (contributing factors-including biological, psychological & social): _____

Mental Status Checklist (please circle the appropriate item for each category)

Motor Activity:	Not remarkable	Slowed	Repetitive	Restless	Agitated	Tremor		
Attention:	Normal	Unaware	Inattentive	Distractible	Confused	Persistent	Vigilant	
Concentration:	Normal	Scattered	Variable	Preoccupied	Anxiety interferes	Focuses on irrelevancies		
Recall/memory:	Normal	Defective in: immediate/short-term		Recent	Remote			
Affect:	Appropriate	Labile	Restricted	Blunted	Flat	Other:		
Mood:	Euthymic	Anxious	Depressed	Hypomanic	Euphoric	Angry		
Thought Content:	Appropriate to mood and circumstances		Personalization	Persecutions	Suspicions	Delusions	Ideas of reference	Ideas of influence
Hallucinations:	Auditory	Visual	Others:					
Intelligence:	Average	Below average	Above average	Needs investigations				
Judgment:	Normal	Common-sensical	Fair	Poor	Dangerous			
Insight:	Uses connections	Gaps	Flashes of	Unaware	Nil	Denial		
Stressors:	Money	Housing	Family conflict	Work	Grief/Losses	Illness	Transition	

Risk Assessment:

Suicidal ideation: _____

Current Plan: _____

Past Attempts: _____

Risk to Others: _____

Emergency Care Plan: _____

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K10 Outcome Tool (to be completed by the patient):
For all questions, please tick the appropriate square.

In the past 4 weeks:	1 None of the time	2 A little of the time	3 Some of the time	4 Most of the time	5 All of the time
1. About how often did you feel tired out for no good reason?	☐	☐	☐	☐	☐
2. About how often did you feel nervous?	☐	☐	☐	☐	☐
3. About how often did you feel so nervous that nothing could calm you down?	☐	☐	☐	☐	☐
4. About how often did you feel hopeless?	☐	☐	☐	☐	☐
5. About how often did you feel restless or fidgety?	☐	☐	☐	☐	☐
6. About how often did you feel so restless you could not sit still?	☐	☐	☐	☐	☐
7. About how often did you feel depressed?	☐	☐	☐	☐	☐
8. About how often did you feel that everything is an effort?	☐	☐	☐	☐	☐
9. About how often did you feel so sad that nothing could cheer you up?	☐	☐	☐	☐	☐
10. About how often did you feel worthless?	☐	☐	☐	☐	☐

Score (add each item): _____ (10-15 low or no risk; 16-29 medium risk; 30-50 high risk of a mood disorder)

Diagnosis:

- ☐ Depression
- ☐ Generalised Anxiety Disorder
- ☐ Mixed Anxiety-Depression Disorder
- ☐ Panic Disorder
- ☐ Phobic Disorder
- ☐ Post-Traumatic Stress Disorder
- ☐ Obsessive Compulsive Disorder
- ☐ Adjustment Disorder
- ☐ Sleep Problems
- ☐ Alcohol Use Disorder
- ☐ Drug Use Disorder
- ☐ Bipolar Disorder
- ☐ Schizophrenia
- ☐ Acute Psychotic Disorder
- ☐ Chronic Psychotic Disorder
- ☐ Bereavement Disorder
- ☐ Eating Disorder
- ☐ Hyperkinetic Disorder (AD/HD)
- ☐ Sexual Disorder
- ☐ Conduct Disorder
- ☐ Enuresis
- ☐ Dissociative (Conversion) Disorder
- ☐ Neurasthenia
- ☐ Unexplained Somatic Symptoms
- ☐ Mental Disorder NOS

Patient education given: ☐ Yes ☐ No

Problem/Issue	Goal (e.g., reduce symptoms, improve functioning)	Action/Task (e.g., medication, referral to psychiatrist and/or psychologist)
1.		
2.		
3.		

For which Focussed Psychological Intervention is the patient being referred? Tick all that apply.
☐ Psycho-education ☐ Cognitive Behavioural Therapy ☐ Interpersonal Therapy ☐ Relaxation ☐ Skills Training

I understand the above mental health plan, and agree to the outlined goals/actions.

_____ Patient Signature

_____ GP Signature

Proposed date for mental health review (between 4 weeks and six months):

STEPS 2 and/or 3: REVIEW (Item Number 2712)

Review (progress on actions and tasks/improvements): _____

_____

_____

_____

_____