

## MENTAL HEALTH PLAN ( Item 2710 )- \$150

**Patient Name:** Mrs Testy Test **DOB:** 1/1/1950 **Date:** 18/10/2006 ... **GP:** Dr. Colin R. Adams

Fact sheets for - Chronic disease management plans link: { **HYPERLINK**

"<http://www.nevdgp.org.au/info/careplans/index.htm>" \ "FS" }

**Reason for Presentation - Initial comments: (from progress notes of the day)**

**Wednesday October 18 2006** 15:38:29

Dr. Colin R. Adams

Work stress - restructuring - feels cannot cope - K10 score 34

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### **Problem/Diagnosis:**

**F3 - Depression** - Reactive to Work stress

**F4 - Anxiety** - Panic attacks

**F5 - Somatic disorders** - Chest pains & Dyspepsia

**K10 score: 34** Date: 18/10/2006

**Predisposing Factors:** Admits obsessive, perfectionist

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### **Mental Health History / Treatment:**

No PH Anxiety Depressive illness

No PH of OCD, panic disorder or psychosis

No Previous Counselling, Psychiatrist, Psychiatric Hospital admission

No problems with relationships/socializing:

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### **Past Drug Use/Abuse**

No use cannabis, ecstasy, amphetamines, heroin etc

No abuse of benzodiazepams, sleeping tabs,

No abuse of alcohol or alcohol binges

### **Family History of Mental Illness:**

No Family History of depression, anxiety, panic disorder, psychosis

No Family History of alcohol or drug abuse

No marital disharmony, divorce, violence or abuse

### **Early Childhood / School experience:**

Homelife: Happy, no abuse

School: Enjoyed school, good relationship with other students

No significant truancy, bullying or other traumatic experience

Above average marks, Active in sport

Educational level: University

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## MENTAL STATE EXAMINATION

### **Appearance and Mood:**

Appropriate dress & grooming - good eye contact

Affect: Looks anxious

### **Cognitive Ability:**

Memory: sometimes forgetful but Short & long term memory seem OK

Concentration: Reduced - problem maintaining focus

Confidence: low self esteem, problems making decisions

Motivation/Energy: feels tired - loss of interest - hobbies, social

Communication: Speech seems normal and appropriate emphasis

? no evidence of paranoia or hallucinations; good insight

Anxiety: Anxious, restless & figidity - panic attack driving car

Sleep: Both trouble getting to sleep and staying asleep - No nightmares

**Risk of Self Harm:** Low - no suicidal thoughts

**Risk to Others:** Little or no risk

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### **Other Medical conditions & Past history:**

None recorded.

**Current Medications, Allergies:**

<b>Drug Name</b>	<b>Ltd. Elapse</b>	<b>Strength</b>	<b>Dose/Freq./Special</b>
TRIFEME Tablet		50mcg/30mcg (6), 75mcg/40mcg (5), 125mcg/30mcg (10), Inactive (7)	1 mane

**Allergies:** None recorded.

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**FOLLOW UP**

***Any Mental Health Consultation: (item 2713) - \$66***

**Mental Health Review 1: (item 2712) - between 4/52-6/12 - \$100**

**Progress notes assessment:**

(Use insert progress notes - current: perform MHR + or - K10 repeat)

Nb. I perform review questions and repeat K10 in progress notes and then insert into this part of careplan

**Mental Health Review 2: (item 2712) - between 3/12-12/12 - \$100**

## MENTAL HEALTH & WELL BEING CARE PLAN

**Patient Name:** Mrs Testyy Test **DOB:** 1/1/1950 **Date:** 18/10/2006 ... **GP:** Dr. Colin R. Adams

**Outcome Tool** (provided not inappropriate)

**K10 score: 34** Date: 18/10/2006

**Problem/Diagnosis:**

**F3 - Depression** - Reactive to Work stress  
**F4 - Anxiety** - Panic attacks  
**F5 - Somatic disorders** - Chest pains & Dyspepsia

**GP: Dr. Colin R. Adams**

9 Luck Street  
Eltham, 3095  
Phone: 94393322

**Goals:**

Improve sleep and overcome lethargy  
Reduce anxiety, panic and improve mood  
Increase concentration span & motivation  
Improve self esteem

**Action/ Tasks:**

Discussed antidepressant medication: Commence - Zoloft  
Encourage regular exercise, pleasant outings (eg cinema),  
Offered information on Slow breathing & relaxation techniques  
Advised counselling

**Investigations ordered:** FBE & ESR, B12 & folate, ferritin

**Emergency Care / Relapse Prevention**

Lifeline: telephone 13114 - www.lifeline.org.au  
Crisis Assessment & treatment: Phone 9450 9090  
77 Hawdon Street, Heidelberg.

**Key family contact/support:**

Support person: Wife Phone:

**Health Care Providers involved**

**Psychiatrist - Action/ Task** Nil

**Psychologist- Action/ Task** Name: *The Best* - for supportive therapy, CBT

**Other Health Care Provider:** None

**Self Management:** - To see practice nurse re - relaxation, sleep hygiene, printouts etc

**GP: Action/ Task** - initial assessment & recommendations - manage health care plan

**Suggested Review - 1 week supportive & review blood tests (formal review at 4-6 weeks)**

**Patient agreement for Care Plan to proceed:**

My GP has explained the purpose of the Care Plan and I/my carer give permission to prepare a Care Plan and discuss my medical history and diagnosis with the service providers listed. I have outlined any medical or personal information I wish to be withheld from other Care Plan participants. All information is confidential.

**Name:** Mrs Testyy Test **Signature:** \_\_\_\_\_

**GP:** Dr. Colin R. Adams **Signature:** \_\_\_\_\_

**Date:** 18<sup>th</sup> October 2006