

RIPLEY MEDICAL & SKIN CLINIC

18/6/2019

Dr Mary Campbell
23 Albert Street
ROSEWOOD QLD 4340
Phone: 07 5467 9268
Fax: 07 3036 6790

EMAILED
18/06/19

Dear Mary,

Re: Mrs Holly Maegen Moetara (DOB: 29/12/1988)
5 Dryander Mews
SOUTH RIPLEY QLD 4306
0400 877 807
0400877807
My record no.: **00962**

Thank you for seeing Mrs Holly Maegen Moetara, age 30yrs 5mths, for opinion and management.

Presenting Problem:

bulimia nervosa, panic attacks

Past History:

Active:

Date	Condition -- Comment
2000	Bulimia

Allergies/Adverse Reactions:

No known allergies/adverse reactions.

Current Medications:

Drug Name	Strength	Dosage	Reason	Last script
DUROMINE CR Capsule (Phentermine)	40mg	1 mane	weight management	18/06/2019

Pls find attached a copy of her mental health care plan as she will benefit from visits under the better access initiative.

Should any of the above need clarification, please feel free to contact me on Telephone (07) 5316 7868, or E-mail me at info@ripleymsc.com.au.

Thank you for your care and assistance. I look forward to hearing the outcome of Holly's attendance.

Yours sincerely,

Dr Osese Ejembi
MBBS, FRACGP
4976152W

GP MENTAL HEALTH TREATMENT PLAN – MINIMAL REQUIREMENTS

Notes: This form is designed for use with the following MBS items. Users should be familiar with the most recent item definitions and requirements.

MBS ITEM NUMBER: ☐ 2700 ☐ 2701 ☐ 2715 ☐ 2717

Major headings are **bold**; prompts to consider lower case. Response fields can be expanded as required. Underlined items of either type are mandatory for compliance with Medicare requirements.

This document is not a referral letter. A referral letter must be sent to any additional providers involved in this mental health treatment plan.

CONTACT AND DEMOGRAPHIC DETAILS

GP name	Dr Osese Ejembi	GP phone	(07)53167868
GP practice name	Ripley Medical and Skin Clinic	GP fax	(07)30099999
GP address	T20,20 Main Street, RIPLEY QLD 4306	Provider number	4976152W
Patient surname	Moetara	Date of birth	29/12/1988
Patient first name(s)	Holly Maegen	Preferred name	Holly
Gender	Female		
Patient address	5 Dryander Mews, SOUTH RIPLEY QLD 4306	Patient phone	0400 877 807
		Can leave message?	☐ Yes ☐ No
Medicare No.	4333 20623 6 / 5	Healthcare Card/Pension No.	
Emergency contact person details		Patient consent for healthcare team to contact emergency contacts?	☐ Yes ☐ No

PATIENT ASSESSMENT – MENTAL HEALTH

<u>Reasons for presenting</u>	Eating disorder - bulimia nervosa Panic attacks Depression/anxiety Bipolar disorder
<u>Patient history</u> Record relevant <u>medical/</u> <u>biological, mental health/</u> <u>psychological, and social history</u>	
<u>Results of mental state examination</u>	appearance and behaviour -well groomed, good eye contact Speech - seems appropriate mood and affect - flat otherwise appropriate Thought - coherent Perception - normal Risk - nil to self or others Cognition - well oriented in time, place and person Judgement and insight - intact
<u>Risk assessment</u> Note any identified risks, including risks of self-harm and harm to others	nil to self or others
<u>Assessment/outcome tool used and results,</u> except where clinically inappropriate	DASS 21
<u>Provisional diagnosis of mental health disorder</u>	eating disorder Depression/anxiety Panic attacks
<u>Case formulation</u>	protective factors - partner, children perpetuating factors - recent relocation

PLAN			
Identified issues/problems	Goals Record goals made in collaboration with patient	Treatments & Interventions Any actions and support services to achieve patient goals <u>Actions to be taken by patient</u> Consider: - psychological and/or pharmacological options - face to face options - internet-based options <u>myCompass</u> <u>THIS WAY UP</u> <u>MindSpot</u> <u>e-couch</u> <u>MoodGYM</u> <u>Mental Health Online</u> <u>OnTrack</u>	Referrals <u>Or appropriate support services</u> Consider: - referral to internet mental health programs for education and/or specific psychotherapy <u>myCompass</u> <u>THIS WAY UP</u> <u>MindSpot</u> <u>e-couch</u> <u>MoodGYM</u> <u>Mental Health Online</u> <u>OnTrack</u>
bulimia nervosa Panic attacks depression/anxiety	improve functioning reduce panic attacks develop strategies to manage anxiety reduce excessive laxative use	Psychologist input	

<u>Intervention/relapse prevention plan</u> If appropriate at this stage, note arrangements to intervene in case of relapse or crisis		
<u>Psycho-education</u> provided?	☒ Yes ☐ No	
Plan added to the patient's records?	☒ Yes ☐ No	
<u>Completing the plan</u> On completion of the plan, the GP may record (tick boxes below) that s/he has:		Date plan completed
☒ discussed the assessment with the patient ☒ discussed all aspects of the plan and the agreed date for review ☒ offered a copy of the plan to the patient and/or their carer (if agreed by patient)		

RECORD OF PATIENT CONSENT

I, **Mrs Holly Maegen Moetara** (name of patient), agree to information about my health being recorded in my medical file and being shared between the General Practitioner and other health care providers involved in my care, as nominated above, to assist in the management of my health care. I understand that I must inform my GP if I wish to change the nominated people involved in my care.

I understand that as part of my care under this Mental Health Treatment plan, I should attend the General Practitioner for a review appointment at least 4 weeks after but within 6 months after the plan has been developed.

I consent to the release of the following information to the following carer/support and emergency contact persons:

Name	Assessment		Treatment Plan	
	Yes	No	Yes	No
	☐ with the following limitations:	☐	☐ with the following limitations:	☐
	☐ with the following limitations:	☐	☐ with the following limitations:	☐



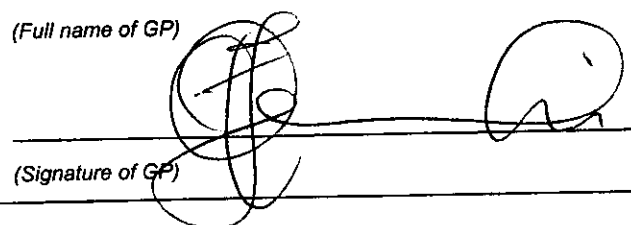
(Signature of patient)

20/05/2019

(Date)

I, **Dr Osese Ejembi**, have discussed the plan and referral(s) with the patient

(Full name of GP)



(Signature of GP)

20/05/2019

(Date)

