

GP Mental Health Care Plan 2700/2715 To be completed by GP	
Patient Name	Mr Craig Leschke
Patient Address	5 Pioneer Rd Walloon 4306
Patient Phone No.(s)	Mobile: 0408 875 050 Work: Home: 0408875050
Date of Birth	02/04/1971
Gender	Male
Aboriginal	
Torres Strait Islander	
Is an interpreter required?	
Date of Assessment	27/03/2026
Relevant History and Treatment (biological, psychological, social)	
Medication List	
Known Allergies	
Nil known.	
Relevant Family History	
Mother:	Not recorded
Father:	Not recorded
Medical Conditions	
Social History	
Occupation:	Business Development Manager
Alcohol:	0 drinks/day 1 days per week.
Smoking:	Non smoker
Relevant Personal History (Childhood, relationships, stressors)	
Other Relevant Information	

- Please place an X in the correct box

- Do not answer questions 3-6 if the answer to question 2 is "none of the time" in which case question 3-6 automatically receive a score of one each

-The maximum score is 50 indication severe distress and the minimum score is 10 indicating no distress.

In the past 4 weeks:	None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5
1. About how often did you feel tired out for no good reason?	x				

2. About how often did you feel nervous?		x			
3. About how often did you feel so nervous that nothing will calm you down?	x				
4. About how often did you feel hopeless?	x				
5. About how often did you feel restless or fidgety?		x			
6. About how often did you feel so restless you could not sit still?	x				
7. About how often did you feel depressed?	x				
8. About how often did you feel that everything is an effort?	x				
9. About how often did you feel so sad that nothing could cheer you up?	x				
10. About how often did you feel worthless?	x				

K10 RESULT =12

Mental Status Examination

Appearance and general behaviour Normal	Mood (depressed, labile) Normal
Orientation (time, place, person) Normal	Affect (flat, blunted) Normal
Thinking (content, rate, disturbances) Normal	Sleep (initial insomnia, early morning waking) Normal
Perception (hallucinations) Normal	Appetite (disturbed eating patterns) Normal
Cognition (Level of consciousness, delirium, intelligence) Normal	Motivation and energy Normal
Attention/Concentration Normal	Judgment (ability to make rational decisions) Normal
Memory (short/long term) Normal	Anxiety Symptoms Normal
Insight Normal	Speech (rate, content) Normal

Risk Assessment

Suicidal Ideation	nil	Suicidal Intent	nil
Current Plan	nil	Risk to Others	nil

Problem	Diagnosis
seperation from partner	adjustment

Needs	Goals	Actions	Required Services
Cause/Stressors and precipitants	Identify stressors and precipitants such as negative thinking/loss and grief, family and relationship problems	Counselling, CBT, marital/family therapy, loss/grief counselling Problem solving	GP, Patient, Allied health professional , Psychiatrist
Symptoms	Improve mood, sleep, energy, concentration and motivation	Medication, Consider -- CBT, counselling Psychotherapy	GP, Allied health professional , Psychiatrist
Social Withdrawal	Overcome withdrawal	Increasing socialisation aim- weekly outing	Cognitive Behaviour Therapy, GP Review
Social functioning	Improve functioning in family and personal relationships, Occupation, social activities, leisure	Counselling, Support group Stress management program	GP, Counselling, Psychologist

	activities		
Maintenance of treatment	Normal function, productive role in society	Medication compliance for 6 month period Counselling	GP Review Psychologist
Risk of Relapse	Prevention of relapse	Educate to recognise precipitants of relapse, stressors, substance abuse, non-adherence to medications Increase contact with carers	GP Review Psychologist Case Manager Psychiatrist
Co-Morbidities	Treat underlying co-morbidities	as per diagnosis	GP and relevant others
Education re-condition	To facilitate understanding of condition and management	Ongoing counselling Patient handouts	GP Review Psychologists
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Patient/Carer Signature: Consented by patient (COVID-19 restriction)		Date: 27/03/2026	
Doctor Name: Dr Fredrick Kalu		Provider Number: 498653YT	
Doctor Signature: Electronically Signed		Date: 27/03/2026	
Date of Next Appointment			

DASS 21

Name: Craig Leschke Date: 27/03/2026

Please read each statement and indicate how much the statement applied to you over the past week.

The rating scale is:

0 = Never (Did not apply to me at all)

1 = Sometimes (Applied to some degree, or some of the time)

2 = Often (Applied to a considerable degree, or a good part of time)

3 = Almost Always (Applied to very much, or most of the time)

		D	A	S
1	I found it hard to wind down			
2	I was aware of a dryness of my mouth			
3	I couldn't seem to experience any positive feeling at all			
4	I experienced breathing difficulty			

5	I found it difficult to work up the initiative to do things			
6	I tended to over-react to situations			
7	I experienced trembling			
8	I felt that I was using a lot of nervous energy			
9	I was worried about situations in which I might panic and make a fool of myself			
10	I felt that I had nothing to look forward to			
11	I found myself getting agitated			
12	I found it difficult to relax			
13	I felt down-hearted and blue			
14	I was intolerant of anything that kept me from getting on with what I was doing			
15	I felt I was close to panic			
16	I was unable to become enthusiastic about anything			
17	I felt I wasn't worth much as a person			
18	I felt that I was rather touchy			
19	I was aware of the action of my heart in the absence of physical exertion			
20	I felt scared without any good reason			
21	I felt that life was meaningless			
	DASS21Total			
	Rating (from below)			

DASS severity ratings in relation to the population:

Note: Multiply the DASS21 scores above x 2, before interpreting the scores below

	Depression	Anxiety	Stress
Normal	0-9	0-7	0-14
Mild	10-13	8-9	15-18
Moderate	14-20	10-14	19-25
Severe	21-27	15-19	26-33
Extremely severe	>27	>19	>33

Reference:

Lovibond, S.H. & Lovibond, P.F. (1995). Manual for the Depression Anxiety & Stress Scales. (2nd Ed.) Sydney: Psychology Foundation