

GP Mental Health Care Plan 2700/2715 To be completed by GP	
Patient Name	Mr Alexander Marc Sleep
Patient Address	52 Kynance Street Liechardt 4305
Patient Phone No.(s)	Mobile: 0420 872 142 Work: 0420 872 142 Home: 0420 872 142
Date of Birth	28/01/1999
Gender	Male
Aboriginal	
Torres Strait Islander	
Is an interpreter required?	
Date of Assessment	06/07/2026
Relevant History and Treatment (biological, psychological, social)	
Medication List	
Known Allergies	
Peanuts Anaphylaxis, Severe	
Relevant Family History	
Mother: Alive	
Father: Alive	
Other family members:	
Father Diabetes	
Father Ischaemic heart disease	
Mother Hypertension	
Other details:	
Skin cancer - both parents	
Medical Conditions	
Social History	
Occupation: Pallet Repairer	
Alcohol:	
Non drinker	
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 =37

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 walking) 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
Recent separation from partner	Adjustment disorder
Anger issues	

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	Medication, Consider -- CBT, counselling	GP, Allied health professional ,

	and motivation	Psychotherapy	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 activities	Counselling, Support group Stress management program	GP, Counselling, Psychologist
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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Liechardt 4305

Date of Birth: 28/01/1999

Date of Assessment: 06/07/2026

Patient/Carer Signature: Consented by patient (COVID-19 restriction) **Date:** 06/07/2026

Doctor Name: Dr Fredrick Kalu

Provider Number: 498653YT

Doctor Signature: Electronically Signed

Date: 06/07/2026

Date of Next Appointment