

BOIMHC MENTAL HEALTH 3 STEP PROCESS

PART 1 Initial Assessment 20th November 2017

Referring doctor details

Mary Hanna
353 Balwyn Rd
Balwyn North 3104
Phone 0398577417
Fax
Email
Provider number 205033WB

Patient details

Bryan Botterill
23/12/1987
2 Gardner Ct, Balwyn north
Balwyn North 3104
Home phone: **Work Phone:**
Mobile: 0423379149
Email: bryanbotterill@gmail.com

Tools / services

K10 used Yes	K10 Result 40 / 50	Previous specialist mental health care? No
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Demographic data

ATSI status? No
Language spoken at home? English
Does the patient need an interpreter? No
Does the patient live alone? With parents
Is the patient a low income earner? No
Highest level of education completed? Tertiary education completed
Occupation?

Diagnosis / Problems

Main Diagnosis Anxiety / Depression	Goal for Main diagnosis To be able to function home and work	Plan for main diagnosis Psychological sessions / GP review
Diagnosis 2	Goal for diagnosis 2	Plan for diagnosis 2
Diagnosis 3	Goal for diagnosis 3	Plan for diagnosis 3