

Patient education given: No
Copy of this plan given to patient: Yes
Eligibility for the Better Outcomes in Mental Health Care initiative Yes
Review date in months : 3

I Understand this mental health care plan and agree to its implementation

Patients signature 

Doctors signature 

20th November 2017

K10



In the past 4 weeks:

None of
the time

A little of
the time

Some of
the time

Most of
the time

All of the
time

1. About how often did you feel tired
out for no good reason?

☐☐☐☐☐

2. About how often did you feel
nervous?

☐☐☐☐☐

3. About how often did you feel so
nervous that nothing will calm you
down?

☐☐☐☐☐