

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

Mental Status Examination	
<b>Appearance and General Behaviour</b> Withdrawn, Appears depressed, Appears anxious	<b>Mood</b> Depressed
<b>Thinking</b> Normal content	<b>Affect</b> Normal
<b>Perception</b> No abnormalities	<b>Sleep</b> Varying insomnia
<b>Cognition</b> Normal conscious state / alertness	<b>Appetite</b> Decreased
<b>Attention / Concentration</b> Poor	<b>Motivation &amp; Energy</b> Normal
<b>Memory</b> Ok	<b>Judgement</b> Normal
<b>Insight</b> Good	<b>Anxiety Symptoms</b> Intermittent physical symptoms, Cognitive symptoms -- i.e. worrying etc
<b>Orientation</b> Ok	<b>Speech</b> Normal

Risk Assessment			
<b>Suicidal ideation</b>	Yes	Suicidal intent	No
<b>Current plan</b>	Not relevant	Risk to Others	No

Formulation
<b>Alcohol &amp; Drug Use disorder:</b> No <b>Psychotic Disorder:</b> No <b>Depression:</b> Yes <b>Anxiety Disorder:</b> Yes <b>Unexplained Somatic Disorder:</b> No <b>Other / Unknown:</b> No <b>Details of disorder not listed:</b>

Influencing factors
<b>Predisposing / precipitating / perpetuating and or cultural factors?</b> has severe eczema affecting his face and that causing him to be withdrawn <b>Protective factors</b> supporting family <b>Key contact / support person</b>

Care plan access
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### Details of service requested

**Main reason for this referral:** Diagnostic assessment, CBT

**If CBT required, which interventions are required?**

Behavioural intervention, Cognitive interventions

**Relapse prevention Plan:** Attend GP clinic for review / Call clinic and or after-hours service if deteriorating / call or visit psychologist

**Emergency care:** Call or make appointment with GP / local CAT team / call or visit psychologist

### Clinical details

#### Medications

Valdoxan 25mg Tablet

1 Tablet In the evening

#### Family History including Mental Illness

Mother:

Not recorded

Father:

Not recorded

**Other family members:**

Mother

Diabetes

Mother

Hypertension

#### Medical Conditions

Eczema

#### Abuse History - Substance /sexual/physical/domestic violence

Nil relevant

Nil relevant

#### Allergies

Nil known.

#### Personal history (e.g. childhood, education, relationship history, work history etc)

**Alcohol:**

Previously light

**Smoking:**

Smokes 5 cigarettes/day.

#### Relevant Examination and or investigation