

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
--------------	--------------------	--------------------------------------------

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

Mental Status Examination

Appearance and General Behaviour	Withdrawn, Appears depressed, Appears anxious	Mood Depressed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

Risk Assessment

Suicidal ideation	Yes	Suicidal intent	No
Current plan	Not relevant	Risk to Others	No

Formulation

Alcohol & Drug Use disorder: No

Psychotic Disorder: No

Depression: Yes

Anxiety Disorder: Yes

Unexplained Somatic Disorder: No

Other / Unknown: No

Details of disorder not listed:

Influencing factors

Predisposing / precipitating / perpetuating and or cultural factors?

has severe eczema affecting his face and that causing him to be withdrawn

Protective factors

supporting family

Key contact / support person

Care plan access

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:

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