|  |  |
| --- | --- |
| Mental health treatment plan review template | |
| **MBS item number:**  2712 | |
| **Date for review with a GP (dd/mm/yyyy)**  (Initial review four weeks to six months after completion of the plan) |  |
| **Assessment/outcome tool results on review** (except where clinically inappropriate or culturally unsafe) |  |
| **Comments:** Review of patient’s progress against goals; checking, reinforcing and expanding education; modification of treatment plan (if required); any changes in medication; and any recent significant stressors or lifestyle changes |  |
| **Risk assessment:** Note any identified risks, including risks of self-harm, risk of suicide and harm to others.  Also consider risk of:   * Domestic family violence * Intimate partner abuse/violence |  |
| **Plan for crisis intervention and/or for relapse prevention,** if appropriate and if not previously provided |  |