

# MENTAL HEALTH ASSESSMENT

Patient name	Karen Douglas	Date of Birth	14/6/90
Address			
Post Code	Phone	Gender	F
Aboriginal or Torres Strait Islander origin	No <input checked="" type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Unknown <input type="checkbox"/>		
GP	Dr Know It all	Practice postcode	
Date of Assessment	Outcome Tool	DASS	Result Anxiety -22 Stress- 20 Depression -31

Problem	Diagnosis
1. Self mutilation	Depression: bipolar depression
2. Risk taking behaviour	Depression: bipolar depression
3. Poor school performance	Depression: bipolar depression

**Mental Health History / Treatment**

Previously few problems but now recent history (over 3-6 months) of change in behaviour and school performance. Feels irritable and angry.

<b>Allied Health Referral Data</b>	Has the person ever received specialist mental health care: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Language spoken at home: English <input checked="" type="checkbox"/> Italian <input type="checkbox"/> Greek <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> Arabic <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other <input type="checkbox"/> Please specify:..... How well does the person speak English: Very well <input checked="" type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all <input type="checkbox"/>
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Medications	Allergies
Nil	Nil

**Family History of Mental Illness**

Mother – Bipolar disorder

**Medical Conditions**

Nil

- Social History**
- parents divorced 1996 (Philip and Julie)
  - originally from Adelaide, no extended family in Melbourne
  - Stepmother – Alice
  - Living with father at present
  - Recent birth of stepbrother

<b>Allied Health Referral Data</b>	Does the person live alone: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Is the person a low income earner (A judgment by GP) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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**Abuse history – substance / sexual / physical**

Alcohol use: \_\_\_\_\_ Tobacco: some \_\_\_\_\_ BMI: 20

Experimenting with marijuana and ecstasy on several occasions. Last time 6 weeks ago.

First sexual activity several months ago. Two partners. Not currently sexually active.

<b>Personal History (eg childhood, education, relationship history, coping with previous stressors)</b>			
Recent change in behaviour. Difficulties with mother and her new boyfriend – not visiting. Arrival of baby (step brother) has caused family conflicts.			
<b>Allied Health Referral Data</b>	Highest education level completed: Currently in year 8		
<b>Relevant Physical and Mental Examination</b>		<b>Investigations</b>	
normal		Not done	
<b>Mental Status Examination</b>			
Appearance and General Behaviour an eyebrow piercing, a nose piercing, a glimpse of a tongue piercing, heavy “gothic” eye make up and dress		Mood (Depressed / Labile) Angry at times and depressed at others, irritable	
Thinking (Content / Rate / Disturbances) Normal, no evidence of delusions or thought disorders		Affect (Flat / Blunted) Normal	
Perception (Hallucinations etc) Normal, no evidence of hallucinations		Sleep (Initial Insomnia / Early Morning Wakening) Initial insomnia	
Cognition (Level of Consciousness / Delirium / Intelligence) Normal		Appetite (Disturbed Eating Patterns) Normal	
Attention / Concentration Reduced		Motivation / Energy Decreased	
Memory (Short & Long term) Normal		Judgement (Ability to make rational decisions) Normal	
Insight Reasonable		Anxiety Symptoms (Physical & Emotional) Moderate	
Orientation (Time / Place / Person) Normal		Speech (Volume / Rate / Content) Normal	
<b>Risk Assessment</b>			
<b>Suicidal ideation</b>	Thoughts if death rather than suicide	<b>Suicidal intent</b>	Very low
<b>Current plan</b>	nil	<b>Risk to Others</b>	nil
<b>Key Family/ Support Contact</b>	Father - Phil		
<b>FORMULATION – Main problem / diagnosis (risk / protective factors)</b>		<b>ICD – 10 Provisional Diagnosis</b>	
		F1 Alcohol & Drug Use disorder <input type="checkbox"/>	
		F2 Psychotic Disorder <input type="checkbox"/>	
		F3 Depression <input checked="" type="checkbox"/>	
		F4 Anxiety Disorder <input type="checkbox"/>	
		F5 Unexplained Somatic Disorder <input type="checkbox"/>	
		<b>Other / Unknown:</b> anxiety	
Patient Education <span style="float: right;">Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></span>		<b>Date for Mental Health Plan</b>	
Eligibility for the Better Outcomes in Mental Health Care initiative <span style="float: right;">Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></span>			
<b>Notes</b>			