BLUE HUB Specialised mental health treatment for police members Discharge plan	**CONFIDENTIAL** Name: Halaxy ID: Date of birth:

WorkCover number:

Treatment funding source:

☐ Provisional Payments (VicPol)
☐ Early Access Scheme (AFP)
☐ Gallagher Bassett
☐ Comcare
☐ Medicare Rebate
☐ Private insurance
☐ Private funding

Summary of presenting issues and treatment goals: (from Case Formulation and Treatment Plan)

Treatment

Primary interventions used (please choose more than one if required)

☐ Psychoeducation
☐ Cognitive Behavioural Therapy (CBT)
☐ Trauma-Focussed CBT
☐ EMDR
☐ Prolonged Exposure (PE)
☐ Schema therapy
☐ Other (please describe)

Reason for discharge:

☐ Completed treatment
☐ Referral to alternative provider/service
☐ Client withdrew from treatment
☐ No contact/response from client
☐ Adverse event
☐ Other

Explanation of discharge reason (if required):

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Treatment outcomes

a) Observations of functional change

b) Objective outcome changes (between Intake and Discharge on CORE 10, PCL-5, GAD-7, etc.)

c) Treatment goals met (please specify which goals were met or not met and, if not met, why)

d) Is the member ready to explore work options? ☐Yes ☐No
Please provide further comment

e) Medications on discharge

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Future management recommendations

a) Relapse prevention: *(identified risks and strategies to reduce each risk identified)*

b) Ongoing service providers: *(names and contact details of, where relevant, GP, psychologist, etc.)*

c) Recommendations for further treatment *(include current clinical problems)*

Other information *(e.g., emergency phone contacts, information on family/caregiver support services)*

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Details of clinician completing Discharge Plan

Name:

Role:

Phone: Email:

Clinician signature: Date:

Client signature: Date:

Discharge Plan provided to:

☐ Gallagher Bassett/Comcare ☐ VicPol/AFP IMO ☐ GP ☐ Client (optional) ☐ Other (please specify)