



Exceptional Case Application Attachment 2 – Mental Health

Completing this form

This form is to be used as an attachment to an Exceptional Case Application where mental health care is being provided. This form must be completed by a Registered Nurse (RN).

Where possible please complete and return this application form electronically.

If you are completing this form manually, please use BLACK pen to complete all information on this form.

The Department of Veterans' Affairs (DVA) cannot assess an incomplete or illegible form.

Contacting the Community Nursing team

If you require assistance completing this form, please email DVA at exceptional.cases@dva.gov.au

1. Provider details

Provider name

Provider number

2. Client information

DVA file number

Surname

Given name(s)

Date of birth

3. Mental health condition status

Please tick the conditions the client has been diagnosed with

- Anxiety
- Depression
- Post-traumatic Stress Disorder
- Alcohol misuse
- Substance misuse
- Other – please specify

4. Signs/behaviours displayed

Please tick any signs that the client displays

- | | |
|--|--|
| <input type="checkbox"/> Anger | <input type="checkbox"/> Worry |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Alcohol misuse |
| <input type="checkbox"/> Severe pain | <input type="checkbox"/> Restlessness |
| <input type="checkbox"/> Feelings of worthlessness/guilt | <input type="checkbox"/> Sadness |
| <input type="checkbox"/> Hostility | <input type="checkbox"/> Sleep disturbance |
| <input type="checkbox"/> Inability to enjoy activities | <input type="checkbox"/> Suicidal ideation |
| <input type="checkbox"/> Other – please specify | <input type="checkbox"/> Withdrawal |

5. Tools used to assess mental health status

Have you completed a Depression Anxiety Stress Scale (DASS) for the client?

No

Yes ► What was the outcome of the DASS?

What actions have been taken?

6. Substance use

Are there concerns or issues related to the client's substance use?

No

Yes ► Specify the substance(s) involved

7. Alcohol use

Has an Alcohol Screen (AUDIT) questionnaire been completed?

No ► Please complete the questionnaire with the client where appropriate

Yes ► Please indicate the total score

NOTE: Maximum score is 12. Score of 4 or more may indicate potential risk. Score of 6 or more for women and 7 or more for men, over 65 years of age, indicates existing risky or high risk drinking. If the screen identifies potential risk, the complete AUDIT should be used, along with a brief intervention and follow up. The AUDIT tool is available at www.auditscreen.org

8. Referral/Discussion with GP

Have you referred the client or discussed the client's mental health condition with their GP?

No

Yes ► What was the outcome of the referral/discussion?

What action was taken?

9. Specialist Mental Health Services

Has the client been assessed by a mental health specialist for any of the selected conditions?

No

Yes ► Has the client accessed any specialist mental health services?

No

Yes ► Specify the services

10. Additional comments

11. Declaration

Declaration must be signed by the RN completing this form.

Full name

Title

Signature

*(electronic
signature accepted)*



Date