

# IN-PATIENT REFERRAL FORM TO PSYCHIATRIC INSTITUTION

**MHCUs NAME:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_ **GENDER:** M / F  
**ADDRESS:** \_\_\_\_\_  
**IDENTITY No.:** \_\_\_\_\_ **MARITALSTATUS:** \_\_\_\_\_  
**TEL. No.: (H):** \_\_\_\_\_ **(W):** \_\_\_\_\_ **CELL:** \_\_\_\_\_  
**FAMILY / FRIEND: NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CONTACT No.'s.: (H):** \_\_\_\_\_ **(W):** \_\_\_\_\_ **CELL:** \_\_\_\_\_  
**REFERRING HOSPITAL:** \_\_\_\_\_ **WARD:** \_\_\_\_\_  
**REFERRING WARD DOCTOR:** \_\_\_\_\_ **CONTACT DETAILS:** \_\_\_\_\_  
**DATE OF ADMISSION:** \_\_\_\_\_ **DATE OF REFERRAL:** \_\_\_\_\_

**MHCUs STATUS:**

VOLUNTARY	INVOLUNTARY	ASSISTED	URGENT
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**FORMS:** (Please tick those Forms accompanying MHCUs)

(1) VOLUNTARY: (NO forms – forms will be filled at Psychiatric Institution)

(2.) INVOLUNTARY:

MHCA 04*	MHCA 05 x 2	MHCA 06	
MHCA 07	MHCA 11		

(3.) INVOLUNTARY OUTPATIENT:

MHCA 09	MHCA 10	MHCA 12	MHCA 11
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(4.) URGENT:

MHCA 01	MHCA 04*	MHCA 05 x 2	MHCA 07	MHCA 11
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(5.) ASSISTED:

MHCA 04*	MHCA 05 x 2	MHCA 07	MHCA 11
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\* MHCA 04 MUST HAVE A COMMISSIONER OF OATH STAMP.

**MEDICAL HISTORY:**

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**CURRENT MEDICAL TREATMENT:**

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**PSYCHIATRIC HISTORY:**

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**PRESENTING PROBLEMS:**

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**FAMILY HISTORY:** *(including mental illness, chronic medical conditions, suicide, etc.)*

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**SUBSTANCE USE, ABUSE OR DEPENDENCE:** *(including OTC's, rehab. admissions, types of drugs, etc.)*

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**PHYSICAL EXAMINATION:**

<b>VITAL SIGNS:</b>	<b>BP:</b>	<b>PR:</b>	<b>TEMP:</b>	<b>RR:</b>
<b>LOC / GCS:</b>				
<b>INJURIES:</b>				
<b>CVS:</b>				
<b>RS:</b>				
<b>ABD:</b>				
<b>CNS:</b>				

**MENTAL STATE EXAMINATION: (Tick appropriate boxes)**

<b>Appearance:</b>	<b>Unkempt</b>		<b>Neat, tidy</b>		<b>Garish</b>	
<b>Activity:</b>	<b>Retarded</b>		<b>Normal</b>		<b>Hyperactive</b>	
<b>Attitude:</b>	<b>Hostile, aggressive</b>		<b>Co-operative</b>		<b>Non-responsive</b>	
<b>Speech:</b>	<b>Pressured</b>		<b>Normal</b>		<b>Retarded</b>	
<b>Thought form:</b>	<b>Flight of ideas</b>		<b>Normal</b>		<b>Disordered</b>	
<b>Thought content:</b>	<b>Deluded</b>		<b>Normal</b>		<b>Poverty</b>	
<b>Perceptual disturbances:</b>	<b>Auditory hallucinations</b>		<b>Visual hallucinations</b>		<b>Other hallucinations</b>	
<b>Mood:</b>	<b>Elevated</b>		<b>Normal</b>		<b>Depressed</b>	
<b>Affect:</b>	<b>Restricted</b>		<b>Normal, reactive</b>		<b>Flat</b>	
<b>Sleep:</b>	<b>Insomnia</b>		<b>Normal</b>		<b>Hypersomnia</b>	
<b>Appetite</b>	<b>Loss</b>		<b>Normal</b>		<b>Hyperphagia</b>	
<b>Energy:</b>	<b>Increased</b>		<b>Normal</b>		<b>Decreased</b>	
<b>Orientation:</b>	<b>Time</b>		<b>Person</b>		<b>Place</b>	
<b>Attention &amp; concentration:</b>	<b>Distractible, hyper vigilant</b>		<b>Intact</b>		<b>Decreased, hypo vigilant</b>	
<b>Memory:</b>	<b>Immediate</b>		<b>Recent</b>		<b>Remote</b>	
<b>Insight:</b>	<b>Nil</b>		<b>Partial</b>		<b>Full</b>	
<b>Judgement:</b>	<b>Coarse</b>		<b>Intact</b>		<b>Poor</b>	
<b>Suicide</b>	<b>Ideation</b>		<b>Nil</b>		<b>Has plan</b>	
<b>Homicide:</b>	<b>Ideation</b>		<b>Nil</b>		<b>Has plan</b>	

**SPECIAL INVESTIGATIONS: (ATTACH COPIES OF ALL RESULTS)**

<b>TEST:</b>	<b>DONE:</b>	<b>NOT DONE:</b>	<b>IF ABNORMAL, SPECIFY:</b>
<b>FBC</b>			
<b>U &amp; E</b>			
<b>LFT</b>			
<b>BLD GLUCOSE</b>			
<b>TFT</b>			
<b>HIV</b>			
<b>CD 4</b>			
<b>WR</b>			
<b>LP</b>			
<b>EEG</b>			
<b>CT SCAN</b>			
<b>ECG</b>			
<b>X-RAYS</b>			
<b>Urine Cannabis</b>			
<b>OTHER</b>			

**CURRENT PSYCHIATRIC TREATMENT:**

<b>ORAL DRUG:</b>	<b>DOSE AND FREQUENCY:</b>	<b>DATE AND TIME OF LAST DOSE:</b>
<b>INJECTABLE PSYCHOTROPIC, e.g. Clothiapine (Etomine) OR Clopixol Acuphase</b>	<b>DOSE AND FREQUENCY:</b>	<b>DATE AND TIME OF LAST DOSE:</b>
<b>DEPOT INJECTABLE:</b>	<b>DOSE AND FREQUENCY:</b>	<b>DATE OF LAST DOSE :</b>

**SEDATION USED: (From time of admission to your hospital until transfer to psychiatric institution)**

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**PROVISIONAL DIAGNOSIS:**

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**REASON FOR REFERRAL:**

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**COLLATERAL: (including name, relationship and contact details, etc)**

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