REFERRAL FORM TO PSYCHIATRIC OPD CLINIC.

NAME: _____ DOB: _____ GENDER: M / F
ID No.: _____ MARITAL STATUS: _____
ADDRESS: _____
TEL. No.: (H): _____(W): _____CELL: _____
OCCUPATION: _____ LEVEL OF EDUCATION: _____

FAMILY / FRIEND NAME: _____ RELATIONSHIP: _____
ADDRESS: _____
CONTACT No.: (H): _____ (W): _____ CELL: _____
REFERRAL SOURCE: _____
CONTACT DETAILS OF SOURCE: _____
DATE OF REFERRAL: _____ DATE CONSULTED: _____

REASONS FOR REFERRAL:

SUMMARY OF CURRENT PRESENTATION:

PAST PSYCHIATRIC HISTORY:

PAST MEDICAL & SURGICAL HISTORY: *(including traumatic brain injury, epilepsy, etc.)*

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

PERSONAL HISTORY: ***(including birth, development, academic, occupational, military, marital, sexual, forensic and cultural history, etc.)***

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

PHYSICAL EXAMINATION:

VITAL SIGNS:	**BP:**	**PR:**	**TEMP:**	**RR:**
LOC / GCS:				
INJURIES:				
CVS:				
RS:				
ABD:				
CNS:				

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

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

SPECIAL INVESTIGATIONS: ***(include type, date and results; where possible ATTACH COPIES)***

WORKING DIAGNOSIS:

CURRENT PSYCHIATRIC TREATMENT: ***(include response, adverse effects and any psychotherapy, etc)***

CURRENT MEDICAL TREATMENT*:* ***(include names, dose and response, as well as adverse effects, etc.)***

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