

ITEM 291

Referral to Consultant Psychiatrist:

Name	
Practice Address	
Telephone	
Fax	

Referring GP:

Name	
Practice Address	
Provider No	
Telephone	
Fax	

Patient:

Name	
Date of Birth	
Sex	
Address	
Telephone	
Interpreter Required	(Language)

Referral is for: Opinion and Management Plan (GP willing to continue managing the patient)

Specific questions include:

Main presenting problems:

Risk Factors:

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Past psychiatric history and previous psychiatric treatment	
Previous Medication:	Previous Psychotherapy and counselling:

Past medical history:

Current Medication		
Drug Name	Strength	Dose/Freq./Special

GP Signature

Date