

PART 5 – REASON FOR REFERRAL – PLEASE COMMENT IN ALL SECTIONS

REASON FOR REFERRAL: (e.g. SCHOOL, FAMILY, SOCIAL DIFFICULTIES, MEDICATION CONSULT, METABOLIC CONCERNS DIAGNOSIS)

BRIEF HISTORY OF PSYCHIATRIC CONCERNS: (LIST CONCERNS, HOW LONG, PAST PRESENT PROFESSIONALS INVOLVED)

ALL SIGNS AND SYMPTOMS OF PSYCHIATRIC DIFFICULTIES: (E.G. SLEEP, APPETITE, MOOD DIFFICULTIES)

SAFETY CONCERNS INCLUDING PAST OR PRESENT RISK OF HARM TO SELF OR OTHERS

SUBSTANCE USE CONCERNS INCLUDING PAST OR PRESENT ALCOHOL USE AND DRUG USE

PART 6 – MEDICAL INFORMATION

RELEVANT INVESTIGATIONS COMPLETED AND RESULTS

CURRENT MEDICATIONS INCLUDING DOSE AND DATE BEGAN

ALLERGIES

KNOWN MEDICAL CONDITIONS AND RISK FACTORS (e.g. FAMILY HISTORY, USE OF SECOND GENERATION ANTIPSYCHOTICS)
