

**Referral form, GP to Psychiatrist
(C.L.I.P.P. 01)**



Patient Identification.

Surname _____ Age _____
Forenames _____ Sex M F
Date ____/____/____

Referral From: _____

Tick if you are attaching a Health Summary
(⇒ See hlth sum options refer)

Profile: (marital status, employment, recent salient events, as indicated) (⇒ see hlth sum)

Consultation request: (What question would you like to be addressed in this consultation?)

Medical History in outline (⇒ See hlth sum)

Main Problem, Clinical history and background as indicated.

Consider: Family History Psychiatric History Compliance (⇒ See hlth sum)

Current medication: (⇒ See hlth sum)

Drug	Dose	Date Initiated	Response
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Considering your total clinical experience with your patients, how mentally ill is he/she now?

- Not Assessed 0
- Normal, not at all ill 1
- Borderline mentally ill 2
- Mildly ill 3
- Moderately ill 4
- Markedly ill 5
- Severely ill 6
- Among the most extremely ill of patients. 7

Signed: _____