



To: _____

Re: Surname _____ Age _____
Forenames _____ Sex M F
Date: ___/___/___ From: _____

Discussion before consultation
Discussion after consultation

Assessment:

DIAGNOSTIC INFORMATION:

AXIS I Psychiatric Clinical Disorders, and Other Conditions that May be a Focus of Clinical Attention

Diagnostic Code _____ DSM - IV name _____
_____ Definite Provisional
_____ None Deferred

AXIS II: Personality Disorders and Mental Retardation

Diagnostic Code _____ DSM - IV name _____
_____ Definite Provisional
_____ None Deferred

AXIS III: General medical Conditions

ICD-9-CM code _____ ICD-9-CM name _____
_____ Definite Provisional
_____ None Deferred

AXIS IV: Psychosocial and Environmental Problems

Check:
 Problems with primary support group Problems related to the social environment
 Educational Problems Occupational Problems
 Housing Problems Economic Problems
 Problems with access to Health Care Services Problems related to the Legal System / Crime
 Other Psychosocial and Environmental Problems

AXIS V: Global assessment of functioning scale. Score _____ Time scale _____

Intervention:

Advice:

Suggested Medication:

Signed: _____