

PATIENT ASSESSMENT

Patient's Name		Date of Birth	
Address		Phone	
Carer details and/or emergency contact(s)		Other care plan Eg GPMP / TCA	YES <input type="checkbox"/> NO <input type="checkbox"/>
GP Name / Practice			
AHP or nurse currently involved in patient care		Medical Records No.	

PRESENTING ISSUE(S) What are the patient's current mental health issues	
PATIENT HISTORY Record relevant biological psychological and social history including any family history of mental disorders and any relevant substance abuse or physical health problems	
MEDICATIONS (attach information if required)	
ALLERGIES	
ANY OTHER RELEVANT INFORMATION	
RESULTS OF MENTAL STATE EXAMINATION Record after patient has been examined	
RISKS AND CO-MORBIDITIES Note any associated risks and co-morbidities including suicidal tendencies and risks to others	
OUTCOME TOOL USED	RESULTS
DIAGNOSIS (compulsory)	

