

**PATIENT ASSESSMENT**

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

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

