

Early Years Outreach Clinic Referral

Fax to 1300 452 059

Patient Contact Details

Name <PtFullName> **DOB** <PtDoB>

Address <PtAddress>

Phone / mobile <PtPhoneH> / <PtPhoneMob> **Medicare No.**<PtMCNo>

Person for Contact [<Contact Person>](#)

Consent _____ (Patient to sign)

Referrer Details

Name <DrName> **Telephone** <DrPhone> **Fax** <DrFax>

Address <DrAddress>

GP Provider No.(if referral by GP) <DrProviderNo>

Provisional Diagnosis: [<Provisional Diagnosis>](#)

Reason for Referral: [<Reason for Referral>](#)

Medication: <SelectedRx>

Relevant Mental Health History: [<Relevant Mental Health History>](#)

Obstetric History (include EDB or Last Child DOB) [<Obstetric History \(include EDB & Last Child DOB\)>](#)

Antenatal Care Provider: [<Antenatal Care Provider>](#)

Other services involved: [<Other Services Involved>](#)

Additional Information: [<Additional Information>](#)

Mental State Examination

Appearance: (Age, gender, race/ethnic background, build, apparent health, level of hygiene, mode of dress, physical abnormalities)
<Appearance>

Behaviour: (Eye contact, cooperativeness, motor activity, abnormal movements, expressive gestures.)
<Behaviour>

Speech: (Articulation disturbances, rate (rapid, pressured, slow, retarded), volume (loud, quiet, whispered), quality (poverty of speech, monotonous, mutism).)
<Speech>

Mood & Affect: (Mood (subjective); affect (objective) e.g. elevated, depressed, labile, angry, irritable, blunted, flattened, euphoric, incongruent, anxious.)
<Mood and Affect>

Thoughts: (Amount or speed of thought; Poverty of thought, pressure of thought; slow or hesitant thinking. Repetition of same thoughts, thought blocking, concrete thinking, irrelevance)
<Thoughts>

Cognition: (Level of consciousness/alertness, memory, orientation (time, place, person), concentration, abstract ideas)
<Cognition>

Perceptual Disturbances: (Hallucinations: auditory, visual: olfactory: gustatory: tactile. Depersonalisation: derealisation)
<Perceptual Disturbances>

Insight & Judgement: (Capacity to organise and understand problem, symptoms or illness; knowledge of medication; amenable to and compliance with treatment; impaired judgement)
<Insight and Judgement>

EPNDS: _____

Signature: _____

Date: <TodaysDate>