

Early Years Outreach Clinic Referral

Fax to 1300 452 059

Patient Contact Details

Name <<Patient Demographics:Full Name>> **DOB** <<Patient Demographics:DOB>>
Address <<Patient Demographics:Full Address>>
Phone / mobile <<Patient Demographics:Phone (Home)>> / <<Patient
Demographics:Phone (Mobile)>> **Medicare No.** <<Patient Demographics:Medicare
Number>>
Person for Contact <<Contact Person>>

Consent _____ (Patient to sign)

Referrer Details

Name <<Doctor:Name>> **Telephone** <<Doctor:Phone>> **Fax** <<Doctor:Fax>>
Address <<Doctor:Full Address>> **GP Provider No.**(if referral by GP)
<<Doctor:Provider Number>>

Provisional Diagnosis: <<Provisional Diagnosis>>

Reason for Referral: <<Reason for Referral>>

Medication: <<Clinical Details:Medication List>>

Relevant Mental Health History: <<Relevant Mental Health History>>

Obstetric History (include EDB or Last Child DOB) <<Obstetric Hist (inc EDB or 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:** <<Miscellaneous:Date>>