

Reason for referral:

Presenting Problem:

Current Medication:

Drug name	Strength	Dose / frequency / special

Medical History:

Psychiatric History:

Risk Issues:

Risk of suicide: **Please provide details:**

Previous suicide attempts: **YES / NO** **If yes, please provide details:**

Risk of deliberate self harm: **Please provide details:**

Risk of Harm to Others: **Please provide details:**

Drug & Alcohol History:

Other Health Professionals/Services involved: