

# Psychiatric Consultation Form

MHR# 

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2 of 2

Have you at any point discussed this problem with:  Family Physician  HSO Counsellor  OtherWere any of the following present at interview?  Family Physician  HSO Counsellor  Learner / Student Family Member(s)  Agency StaffWas a medico-legal or insurance form completed?  Yes  No

List up to three DSM IV Diagnoses:

1. \_\_\_\_\_  new  recurrent2. \_\_\_\_\_  new  recurrent3. \_\_\_\_\_  new  recurrent

Global Assessment of Functioning

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Refer to scale on back.  
Write Score in box

## RECOMMENDATIONS (X all that apply)

- Medication**  Initiate or change medication  
 Recommended medication(s) remain unchanged  
 No recommendations made

- Management**  Supportive Therapy  IPT/Problem-Solving Therapy  Parenting Skills  Psychodynamic Therapy  
 Other Individual Counselling/Therapy  Bereavement Counselling  Client Education  Other Management Strategies  
 Marital/Couple Counselling  Family Counselling  CBT

**Follow up with**  Psychiatrist  Family Physician  HSO Counsellor

- Referral to**  HSO Counsellor  HSO Group  Outpatient Psychiatry (group)  Outpatient Psychiatry (excluding group)  
 Community Counsellor, School Counsellor or EAP  Community Program  Medical Specialist

Time spent on this visit  
(in minutes)

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Direct

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Indirect &  
Charting