Psychiatric Follow Up Form		MHR#	
Patient	Instructions: 1	I.Use lnk & press firmly.	2. Use an X to indicate your choice(s).
DOB	HIN	Psychiatrist	Gender 🗆 🖂 M F
Date of follow up visit DD MM	Patient	Currently Seeing HS	6O Counsellor ☐ Yes ☐ No
Was follow up planned? ☐ Yes ☐ No			
Reason for follow Completing initial assessment Monitoring of clinical status/response to treatment Clinical status deteriorating Clinical status not improving as expected	Supervening crisis Need for family/partn Possible adverse effe		
Were any of the following present at the session? ☐ Fa	mily Physician 🔲 HSO Counsel	lor Learner/Student	: Family Member(s) Agency Staff
Was a medico-legal or insurance form completed ☐ Y	′es □ No		
Clinical Status: no change improved deteriorated			
Global Assessment of Functioning Refer to scale on back. Write Score in box RECOMMENDATI	ONS (X all that apply)		
Medication ☐ Initiate or change medication			
☐ Medication(s) 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	□свт	
Follow up with Psychiatrist Family Physician	☐ HSO Counsellor		
Referral to HSO Counsellor HSO Group	Outpatient Psychiatry (excluding group)	Outpatient Psychiat	ry
Community Counsellor, School Counsellor or EAP	Community Program	Medical Specialist	
	ect & rting		

White copy to chart

Yellow copy to program