

Private and Confidential

South Locality Older Adult Community Mental Health Team

Abingdon Mental Health Centre

Abingdon Hospital

Marcham Road

Abingdon, Oxon

OX14 1AGe

GP DETAILS

Tel: 01235 205420/205421

Fax: 01235 205473

Web: [www.oxfordhealth.nhs.uk](http://www.oxfordhealth.nhs.uk)

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Our Ref:

Date

Dear

Patient Details

**1.Reasons For Referral** (Statement From GP, main reason, Urgency/Routine)

**2.Service User View Of Current Difficulty**

**3.History Of Presenting Complaint** (What, When, How, Precipitating, Relieving Factors, Severity)

- **Cognitive Abilities** (Duration, Triggers And Worsening Of Symptoms, Immediate Recall, Long-Term Memory, Executive Function, Language, Personality And Behaviour, Independent Travel, ADLS, Mobility, Falls, Spatial awareness)
- **Mood** (Duration, Irritability, Low/Elated, Reactive, Flat, Sleep, Appetite, Motivation, Concentration, Anxiety, Anhedonia, Hopelessness/Helplessness, Triggers, Medication Changes, Compliance, SUICIDAL THOUGHTS/SELFHARM)
- **Psychotic Symptoms: Thoughts** (Thought Disorder, Delusions, Impact On Life)  
**Perception** (Hallucinations, Impact on Life)
- **Any Other Symptoms** (OCD, Personality Traits, Previous Risks, Including Self Harm And Alcohol)

**4.Past Medical History** (Including Allergies)

RECORD PULSE

**5.Past Psychiatric History** (Including Previous Relapses, Responses to Treatment, Hospitalisations, Mental Health Act Assessments)

**6.Current Medication** (How they manage medication, Include over-the-counter medication)

**7.Family History** (Including medical and psychiatric disorders running in the Family; family composition)

**8.Personal History** (Early life health and development, Significant Life Events, Education, Psychosexual, Jobs and Habits, Hobbies, Relationships and Children)

**9.Current Social Circumstances**

- **Support Network** (Including Family, Neighbours, Friends, Formal/Informal Carers)
- **Aids And Adaptation**
- **Driving**
- **Social Care Support** (Benefits, Social Worker involved, Money-Management, LPA...)

**10.Alcohol, Smoking And Substance Misuse** (CAGE, Over-the-counter medication)

**11.Forensic History** (Including Minor Offences, Causing disruption In Public Places, Taking Part in fights And Possessing Any Objects Of Defence/Fire Arms)

**12.Premorbid Personality** (Personality before becoming ill)

**13.MSE**

- Appearance
- Behaviour
- Speech
- Mood(sleep, appetite, Suicidal ideation, etc)
- Thoughts
- Perception
- Cognition (MMSE, MOCA,CLOX, HVLT)
- Insight And Capacity

**14.Third-Party Information**(name and relationship to the patient)

**15.Risk Assessment**

- To Self
- To Others
- Degree (Low, Moderate, Severe)
- Protective Factors
- Triggers

**16.Summary /Impression**

**17.After-Care Plan** (Urgent, Medium, Long-Term)

**Treatment** (Psychological, Social, Biological)

**18.Correspondence And Confidentiality** (cc)

**19.Research** (who gives consent)

- Patient
- Carer

Yours sincerely

Copies to -

**20.Rio Tick Box:**

- ICD 10/Diagnosis
- Core Assessment – Date That This Form Has Been Uploaded Into Progress Notes
- Care Clustering And Allocation-Always Check If There Is One Open And Don't Forget To End It Before Adding Yours
- Care Plan
- Risk Assessment
- Progress Notes
- Letter To GP

The Above Can All Be Put In Progress Notes

Cut and Paste and sign post the Core Assessment

Consider using the Summary and Statement for Care Plan and Risk Assessment