



**GP REFERRAL FORM: ASSESSMENT FOR ADULT SERVICES
ST PATRICKS MENTAL HEALTH ADULT SERVICES**

Please complete in full and return to the Referral & Assessment Unit: referrals@stpatricks.ie

St. Patrick's University Hospital, P.O. Box 136, James's St., Dublin, D08 K7YW

Tel: 01 249 3635

All referrals to our Adult Services are reviewed by our Referral & Assessment Clinical team and allocated to the most appropriate service. What service do you believe would be best meet the patient's needs?

Assessment for Inpatient Admission:

Dean Clinic Assessment:

Assessment for Other Services

For details regarding St Patrick's Non-inpatient services, please refer to our website. These include but are not limited to Day services, the Dean Outpatient clinics and psychotherapies.

PATIENT CONTACT DETAILS:

Name:

Email Address:

Address:

Date of Birth: / / **Telephone:** **Gender:** F / M

REFERRER'S CONTACT DETAILS:

Name: _____

Address: _____

Telephone No.: _____ **Fax No:** _____ **Email:** _____

Reason for Referral:

Date of Onset of Present Complaint:



Is the person you are referring currently under the care of a psychiatrist or another mental health service? YES NO

If you answered YES to the above question, please choose one of the options below:

- Requesting Transfer of Care to St Patrick's Mental Health Services
- Referring for a second opinion

Risk to self: YES NO (If Yes, please provide detail):

Risk to others: YES NO (If Yes, please provide detail):

Past Psychiatry History (*Please include copies of the correspondence*):

Past Medical & Surgical History:

Family & Social History:

History of Addiction and Forensics:

Medications:

Additional Information:



BLOOD RESULTS REQUIRED FOR DAY OF ASSESSMENT:

FBC:

TFTs:

Renal & LFTs:

INSURANCE DETAILS:

Health Insurance: YES NO

Health Insurance Provider (*tick relevant insurer*):

VHI Quinn AVIVA LAYA Other (*Please state*)

Policy Number:

I understand that I retain clinical responsibility for this patient until they are seen by St Patrick's Mental Health Services.

Signed: _____ **Date:** _____

How did you hear about our service: Media Literature Other: