

Mental health conditions questionnaire - Physician

Full name of applicant:

Application number:

1. Please state the diagnosis of the disorder.

2. When did symptoms first occur?

3. What were the presenting symptoms?

4. How many visits has the patient made to you in the last 12 months?

5. Please describe any precipitating factors which may have caused or exacerbated the patient's symptoms.

6. Has there been more than one episode? Yes No

7. Please advise the date and duration of each episode.

8. Is the patient now fully recovered? Yes No
 - i. If YES, please advise since when.

 - ii. If NO, please provide full details of any residual symptoms.

 - iii. Is the patients work, social and domestic situation now stable? Yes No
 - iv. If NO, please provide details.

9. Have there been any suicidal ideas, tendencies or actual suicide attempts? If so, please give full details including dates.

10. Please advise on time off work due to the mental health condition(s) (i.e. duration, reason).

11. Please give details of treatment:

i. Current medication, including name and dosage.

ii. Past medication, including name and dosage.

iii. Any ECT or Lithium treatment, including dates.

iv. Any specialist/psychiatric referral, including name of specialist, nature of referral and dates.

v. Any in-patient therapy, including reason and dates.

12. Please comment on any other relevant features which may influence the prognosis of the disease, such as any history of alcohol or substance abuse, co-existing physical illness and/or behavioural abnormalities, and current weight etc..

Signature

Date

Please print name and add clinic stamp