**Insert Liaison team address**

Date:

**Re: Patient name (D**

**PRIVATE AND CONFIDENTIAL**

Date:

**Re: Patient name (DOB) NHS no. Address:**

Dear Dr (insert name of hospital consultant or GP)

|  |  |
| --- | --- |
| **Problems** | |
| E.g. main problem including diagnosis, medical and social problems | |
| **Medications** - please see medications on discharge for final list | |
| 1..  E.g/ list all current medications |  |
| **Risks** | |
| 1.  E.g. Risks to self, others and deterioration in health (ie non-compliance etc) | |
| **Management Plan** | |
| 1.  E.g. List what liaison team have done on the ward and future plans  E.g. be specific about what has been done i.e. given diagnosis and information leaflet on the same etc  Can request GP do something, **perhaps highlight in bold so not missed by him/her** | |
|  | |

|  |
| --- |
| **Reason for Referral and Presenting Complaint** |
| E.g. Write when seen, why seen, and the patients initial history about the reason for referral |
| **Social/Personal/Family History** |
|  |
| **Mental State Examination** |
| Appearance and behaviour:  Speech:  Mood:  Sleep:  Appetite:  Thought content:  Perceptual disturbances:  Insight:  Visual hallucinations: |
| **Cognitive Examination** |
| Memory:  Language:  Visuospatial:  Executive functioning: |
| **Investigations** |
|  |
| **Impression** |
|  |

Yours sincerely,

Name

Title/role

Cc.