**Clinical information to support emergency contact or a request for urgent assessment**

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| **Patient Name** |  | **CHI** |  | **Address** |
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| --- | --- | --- |
| **Phone Number** |  | **Carer / significant other details, including telephone numbers** |
| **Land:** **Mobile:**  |  |  |
| **Named Person details including telephone number(s)** |
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# Clinical Staff Details

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| --- | --- | --- | --- | --- |
| **Staff Name** |  | **Staff Designation** |  | **Contact telephone number** |
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| **Base (please provide full postal address)** |  | **Consultant Psychiatrist**  |  | **Patient’s diagnosis** |
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| **Current medication / known allergies or sensitivities** |
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| **1. Under what circumstances or with what problems is the patient most likely to present requesting help?** |
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| **2. What might be the most appropriate response / action to help alleviate such situation?** |
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| **3. What are the known relevant risk factors?** |
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| **4. What circumstances / problems / presentation would suggest that an emergency psychiatric admission is appropriate?** |
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| **5. What current strengths, carer and family support including safe plan and / or positive coping strategies could be usefully considered?** |
| **6. Please add any additional information that you think would be helpful for the clinician called to assess the patient in an emergency/crisis** |
| **7. Please give details of all those professionals/others (e.g. GP, CPN, Consultant Psychiatrist, A & E staff, carer, etc) that need to be informed regarding possible engagement with services at point of crisis.****Name Title / Role**  **Contact number** |
|  |
| **Completed by (print)**  | **Completed by (sign)** |
|  | **Date**  |