Physical Assessment for Mental Health Patients Form



Patient's details (or sticker)		Age DOB	Age			
Brief descript	ion of present	ing problem				
	observations			000-1-		
Heart rate	ВР	Temp.	Resp. Rate	O2Sats	BSL	
✓ Age 15 ✓ No acu ✓ No alte ✓ No evid ✓ Not the Patient may be Doesn't meet • Urgent • Further • Investig	k criteria (all re-65 years) te physical heared level of condence of physical first or significate referred to me low risk criter resuscitation/ser medical review gations done batter medical issuate medical issuate	Ith problems (in sciousness (coal cause for the antly different pental health serviced (write in not edation alert serviced on observed on clinical	onfusion vs psyce acute presenta sychiatric preservice res) nior ED, NUM, ervations discus	chosis) ation entation security if request with senior		
Transfer to Mental Health Services?				Yes	☐ No	
Referred to		for			n/a	
Is the Mental Health Services aware of t			patient?	Yes	□ No	
ED doctor's name printed Signed						