


TEST, XX (Mr) Born 14/11/2018 (16i)
Gende
 Addr: No Fixed Abode, ZZ99 3VZ NHS No. Uni







GP	Dr. Unknown	Patient ID	352982		
Consultant		Gender	Male	Care Type	No CPA
Primary Worker		Legal Status	No MHA Section	Assessment MH	
		School	No school recorded		
Alert	No Alerts recorded against this patient				

Status		Unconfirmed			
Date		Time			
Confirmed By		Job Title			

Form Details					
Original Author*	Daniel Maughan				
Entered Date	07/04/2020	Entered Time	12:23		
Event Date*	07/04/2020	Event Time*	12:23		

The User Guide for the completion of this form is available on the Trust Intranet [here](#)

Service Setting	
See Additions information for each service, CYP: Adult: Older Adult: Learning Disabilities: Perinatal	
Service*	<input checked="" type="radio"/> CYP <input type="radio"/> Adult <input type="radio"/> Older People <input type="radio"/> Learning Disabilities <input type="radio"/> Perinatal

Generic Assessment	Please check the relevant assessments before starting this form.
Presenting Situation including the Patients view of Difficulties	CYP 
History of Presenting Complaint	CYP 
Medical History	CYP 
Current Medication	CYP 
Psychiatric History	CYP 
Personal History	CYP 
Family History	CYP 
Forensic History	CYP 

Social Circumstances	CYP ⓘ
Alcohol and Drug Usage	CYP ⓘ
Spiritual/Cultural Needs	CYP ⓘ
Is the Patient a Carer, Parent or being cared for?	CYP ⓘ
Pre-Morbid Personality	CYP ⓘ
Safeguarding Status*	CYP ⓘ Children's policy <input type="radio"/> There is Safeguarding Involvement <input type="radio"/> Safeguarding concerns <input type="radio"/> No safeguarding concerns or issues
Does the Patient have any dependents?	CYP ⓘ <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Assessed
Capacity at time of Assessment	CYP ⓘ
Mental State Examination	
Appearance	
Behaviour	
Speech	
Mood	
Thoughts	
Perception	
Cognition	
Insight	
Additional Information	
	ⓘ
Eating behaviours	

i	
School	
i	
Engagement	
i	
Developmental History	
i	
Observation of Behaviour	
i	
Third Party Information	
Consider carer, parent, relative, any other involved in patient's care. Include any specific requests to who should/should not receive information.	
Actions	
Medication Changes*	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Known <input checked="" type="radio"/> Not Applicable
Actions for GP*	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Known <input checked="" type="radio"/> Not Applicable
Follow up clinical review required?*	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Known <input checked="" type="radio"/> Not Applicable Ensure you record the next clinical using the diary appoi form
CYP i	
Additional Plans*	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Known <input checked="" type="radio"/> Not Applicable
Research and Consent	
Has the Patient consented to be contacted by Research?*	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Asked
Does the Patient want a copy of the Assessment letter?*	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Asked
Is there anyone else that should receive a copy?*	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Asked

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The Data Protection Act and GDPR means that patients have important and extensive rights around what the Trust does with their data. By accessing you are processing data on behalf of the Trust and you have personal legal responsibilities [Click here](#). Use of patient records must comply with Trust Information Governance Policy ([Click here](#)), Standard Operating Procedures ([Click here](#)), access the IG Tab) and Data Protection Act 2018 ([Click here](#))

Respect information and privacy.