

GP LIAISON SERVICE

RECORD OF DISCUSSION BETWEEN GP AND PSYCHIATRIST

Name of GP:

Phone:

Date & Time:

Urgency:

Next 30 min

Next 60min

By COB

Current Mental Health Services North-West client?

YES

NO

SUMMARY OF INQUIRY:

SUMMARY OF CONSULTANT DISCUSSION AND ADVICE:

Name of Consultant:

Signature:

Date:

Time:

Note: Administration staff to fax completed response to GP