



Mental Health Directorate
Community Mental Health Service
GP Liaison
Clinical Information Exchange

...../...../.....

CMHS Team

Dear Dr.....

Re:DOB:/...../.....

Fax

Diagnosis:.....

This client Did /Did Not Attend their scheduled appointment on/...../.....

From this appointment the relevant clinical information / mental state examination details are:

.....
.....
.....

- I have made no changes to treatment / medication at this time: (list current regimen)
I have made the following changes to treatment / medication: (list current regimen)

The previous medication regimen was:

.....
.....
.....

Changes today and reasons for these changes are:

.....
.....
.....

Follow up treatment plans are:

.....
.....

The next scheduled appointment for review is:/...../.....

If you wish to discuss any of the above or other issues please contact me on Ph:.....,
I am available on my consulting days

Yours sincerely

Dr

Address