

## Report Form for Second Health Professional

### Patient Details:

Name of patient:

Patient's date of birth:

Of:

Date of report:

### Relationship to Patient:

*Professional role, nature & extent of relationship and knowledge of patient, including most recent contact with patient*

### Clinical Report:

Direct observations or information from other sources including family/whanau relevant to mental disorder, eg

*"abnormal state of mind"*

*"serious danger to the health or safety" of the patient or others*

*serious reduction in the capacity of the patient to take care of himself or herself*

*If needed, please continue overleaf*

Name of second health professional: