

PSYCHIATRIST TO COMPLETE  
**PSYCHIATRIC  
ADMISSION FORM**

Date for Admission .... /...../ .....  
Reason for Admission:


Past History:


Personal History:


Medical History


Family History:


Presenting Mental State:


DIAGNOSIS


		Date of Assessment ...../...../.....
Physical Examination Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	If No please state why	
Notification of Admission to L.M.O.? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Proforma Letter? Yes <input type="checkbox"/> No <input type="checkbox"/>	Psychiatrists Signature	
		Psychiatrists Name

PSYCHIATRIST TO COMPLETE

# MENTAL HEALTH CLINICAL RISK ASSESSMENT & LEVEL OF OBSERVATION

## PATIENT ID LABEL

Date:	Time:	<b>Assessed Level of Risk</b> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>					
<b>Risk Assessment</b>	<b>TICK</b>						
	Low	Med	High	<b>Leave Arrangements</b> – State conditions for all leave No Leave <input type="checkbox"/> Escorted Leave <input type="checkbox"/> Unescorted <input type="checkbox"/>			
Suicidality				<b>Actions /Management Plan</b>			
Self-Harm							
Aggression							
Absconding							
Substance Abuse							
Inappropriate Sexual Behaviour							
Cognitive Impairment							
Serious Medical Condition							
Non-compliance							
Other (Please specify)							
<b>LEVEL OF OBSERVATION</b>							
<b>LEVEL OF RISK</b>			<b>OBSERVATIONAL LEVEL</b>				
Low: Current low risk, compliant with medications, attending ward program			Consumer to have documented 1 hourly sightings. May have Day Leave if approved by Psychiatrist and after consultation with Nurse in Charge				
Medium/Low: Troubled by thoughts of Self-Harm. Compliant with medication and ward program. Behaviour generally controlled, less distracted by psychiatric symptoms			Consumer to have documented 1 hourly sightings. Accompanied Day Leave only				
Medium: Remains distracted by psychiatric symptoms. Psychotic behaviours evident, thoughts of self-harm.			Consumer to have documented 30 minute sightings. Accompanied Day Leave only for a specific purpose i.e. Medical Specialist appt.				
High: Absconding risk. Expressing suicidal ideation or thoughts of self-harm. Overt psychotic phenomena meets criteria for involuntary treatment			Consumer to be sighted every 15 minutes. NO LEAVE. Monitor in room close to Nurses station until transfer under the Mental Health Act/ Medical Hospital / Emergency				
Special: Very high risk. Suicidal, aggressive, floridly psychotic, manic with high risk of absconding. Meets criteria for involuntary treatment			Consumer to have constant arm's length observation until transferred for Involuntary treatment under the Mental Health Act.				
			LOW	MEDIUM/LOW	MEDIUM	HIGH	SPECIAL
			1	2	3	4	5
Consultant Psychiatrist/ Registrar			Clinician:				
Signature:	Print:	Signature:		Print:			

THIS DOCUMENT IS CONTROLLED

P:\4. Essendon Private Clinic\12. Controlled Documents\Inpatient Unit\Standard Forms\MHPFOR 207 Psychiatrists Pre Admission Assessment Form V3.docx	Authorised: June 2014	Psychiatrists Pre-Admission Assessment
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