

Physical Assessment for Mental Health Patients Form



Patient's details (or sticker)

Name _____
Age _____
DOB _____
Address _____

Brief description of presenting problem

Physiological observations

Heart rate	BP	Temp.	Resp. Rate	O2Sats	BSL

Meets low risk criteria (all required)

- Age 15-65 years
- No acute physical health problems (including trauma, ingestion or drug side-effects)
- No altered level of consciousness (confusion vs psychosis)
- No evidence of physical cause for the acute presentation
- Not the first or significantly different psychiatric presentation

Patient may be referred to mental health service

Doesn't meet low risk criteria (write in notes)

- Urgent resuscitation/sedation alert senior ED, NUM, security if required
- Further medical review based on observations discuss with senior ED
- Investigations done based on clinical findings
- Subacute medical issue identified, flag for psychiatric services

Transfer to Mental Health Services? Yes No

Referred to _____ for _____ n/a

Is the Mental Health Services aware of the patient? Yes No

ED doctor's name printed Signed Date and time