Physical Assessment for Mental Health Patients Form

Patient’s Details (or sticker)

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>DOB</th>
<th>Address</th>
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Brief description of presenting problem

Physiological Observations

<table>
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<tr>
<th>Heart rate</th>
<th>BP</th>
<th>Temp.</th>
<th>Resp. Rate</th>
<th>O2Sats</th>
<th>BSL</th>
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Meets low risk criteria (all required) - may be referred to mental health service

- Age 15-65 years
- No acute physical health problems (including trauma, ingestion or drug side-effects)
- No altered level of consciousness (GCS 15, no delirium)*
- No evidence of physical cause for the acute presentation
- Not the first or significantly different psychiatric presentation
- Not delusional or psychotic

*Alcohol ingestion does not preclude mental health assessment if patient meets low risk criteria

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
- Chronic medical issue identified, note for psychiatric services to follow up

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