



CMI UR Number:

Name:

DOB:

Next of Kin:

Next of Kin Phone:

**Out of Area Inpatient Admission
Request**

Date	Case Manager	Psychiatrist
General Practitioner	Referring MHS:	
GP Phone No.	Consumer aware of transfer?	
Presentation & Reason for Admission:		

Risk Assessment:

Risk of Suicide:

Risk of Violence:

Risk of Harm from Others:

Risk of Accidental Self Harm:

Legal Status on Admission:

Admission Actions:

Discussed with Psychiatrist
Consumer preferences considered
Advanced Care Plan reviewed
ISBAR handover completed with
SWH staff

Information to be supplied with this request:

Current Medication

Mental State Examination

Comprehensive Risk Assessment

HoNoS/HoNoSCA/HoNoS65+

Community Interventions and Outcome:

Smoking Status:

Smoker

Aware of smoke free

Fagerstrom completed

NRT preference

Known barriers to discharge:

Estimated Discharge Date:

Quality of relationships and persons to be engaged in discharge planning:

Goals of Admission:

Discharge Indicators and Follow-up Plan: