Name Date of Birth

Contact GP / key worker

Initial assessment: date /time

Complains of:

Significant history?

Medical Diabetes / Epilepsy/ OSAS / Drug history

Alcohol Smoking Weight Sleep Fitness

Symptoms stop:....

Impact / interference / identity

Examination / Findings

Diagnosis Trajectory

Patient‘s understanding

Concerns

Expectations

Red or Orange Flags?

Yellow Flags:

Attitude LOC external / internal; Belief blame /shame Coping

Behaviour downtime /24hrs; days dressed/ pacing / Sleep /drugs/ alcohol

Claims: Medico-legal / PIP

Diagnosis / disability / dependency / response to previous therapies

Emotions Fear Depression Anxiety Anger Involvement

Family TA isolation culture relationships sex

Work type stress requirements relations shifts affirmation

Impression:

Comments

Plan:

|  |  |  |
| --- | --- | --- |
| **Intervention** | **Timescale** | **Outcome / comments** |
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