

## Trinity College Dublin: Psychiatry Ongoing Care Referral Form

Please complete all sections. <u>Incomplete forms cannot be processed and will result in return to</u> <u>the referring doctor</u> requesting further information.

If the patient has been assessed previously by a psychiatrist, this referral form **must** be accompanied by:

- (1) information and documentation detailing prior treatment history including diagnosis, detailing when, where and how by this diagnosis was made.
- (2) neuropsychological reports
- (3) correspondence re co-morbid disorders
- (4) current medications
- (5) past medication used
- (4) other relevant clinical information.

## **Referral Guidelines**

Given the demand for psychiatric appointments and ongoing care, a waiting list usually applies for an appointment to be offered. This can be up to 8 weeks from time of receipt of the referral.

The service provided is a term time service that operates an outpatient basis only and does not provide inpatient hospitalisation or a direct out of hours service. If the patient has complex care needs or is likely, on the basis of past treatment to require intensive treatment or out of hours care, it is recommended that they are referred to a service that can provide this, either the HSE or a private hospital service.\*

Patients who are already receiving treatment should plan to have an adequate supply of medication to meet their needs pending the provision of ongoing care which can take a number of weeks to arrange.

Patients should also note that <u>many medications available in other countries are not available in</u> <u>Ireland</u>. The student needs to communicate this to their treating psychiatrist who will then need to judge whether or not treatment needs to be changed prior to coming to Ireland. Patients and their treating physician are advised to consult the Irish Health Products Regulatory Authority website for further details <u>www.hpra.ie</u>

It may be appropriate in the case of students attending for a limited time period, (e.g. one year / one semester) who are prescribed medication that is not available in Ireland and who are benefitting from this treatment, to contain to maintain their care with their treating psychiatrist at home. If

additional monitoring of this medication is required(e.g. weight, vital sign monitoring) when abroad this can be facilitated by the nurse at College Health.

Please note t	that Addera	l and p	prescrip	otions fo	r benzo	diazepin	es other	than ve	ery brief	use	(less t	than a
week) canno	ot be facilitat	ted.										

Psychiatric Referral for o	ngoing Care;			
Name:			 	
Date of Birth:			 	
Irish Medical Insurance N	ame and Policy Num	ber:	 	
Last assessed:			 	
Current Medication:			 	
Diagnosis:			 	
Psychiatric history: Please provide details:			 	
Diagnosis:			 	
Treatment:			 	
Child and Adolescent Me Inpatient Admission: History of self harm:	ntal Health assessme	nt: 🗆		
	: mood disorder : Addiction : ADHD : ASD			
Current abuse of alcohol	or substances.			
Cannabis Y 🗖 N 🗖 If yes	s frequency			
Number of units of alcohe	ol a week			

I have attached relevant clinical correspondence to this form  $\Box$  No applicable information available  $\Box$ 

Please note referral for treatment of ADHD requires the completion of a separate form.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

\*Private health care providers in Ireland include;

- St Patricks University Hospital Service, Dublin 8
- St John of God Hospital Service, Stillorgan Co Dublin
- Highfield Hospital Group, Whitehall Dublin