Trinity College Dublin: Psychiatry Ongoing Care Referral Form

Please complete all sections. Incomplete forms cannot be processed and will result in return to the referring doctor 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 many medications available in other countries are not available in Ireland. 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 www.hpra.ie

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 that Adderal and prescriptions for benzodiazepines other than very brief use (less than a week) cannot be facilitated.

**Psychiatric Referral for ongoing Care:**

Name: ____________________________________________________________

Date of Birth: ____________________________________________________

Irish Medical Insurance Name and Policy Number: ______________________

Last assessed: _____________________________________________________

Current Medication: _______________________________________________

Diagnosis: _________________________________________________________

**Psychiatric history:**

Please provide details: _____________________________________________

Diagnosis: _________________________________________________________

___________________________________________________________________

Treatment: _________________________________________________________

Child and Adolescent Mental Health assessment: ☐

Inpatient Admission: ☐

History of self harm: ☐

Family psychiatric history: mood disorder ☐

: Addiction ☐

: ADHD ☐

: ASD ☐

Current abuse of alcohol or substances.

Cannabis Y ☐ N ☐ If yes frequency ____________

Number of units of alcohol a week ____________________________

I have attached relevant clinical correspondence to this form ☐

No applicable information available ☐
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