



PROFMED

Healthcare for Professionals

## **REQUEST FOR ADDITIONAL PSYCHIATRY CONSULTATIONS**

Please fax the completed form to 012 679 4454 or e-mail to [caseman5@profmed.co.za](mailto:caseman5@profmed.co.za)

### **Section A**

|  |        |
|--|--------|
| <b><u>PATIENT DETAILS</u></b>            |        |
| Name and surname                         |        |
| Profmed member number                    |        |
| Dependant code                           | D.O.B. |
| Diagnosis                                | ICD-10 |
| AXIS I                                   |        |
| AXIS II                                  |        |
| AXIS III                                 |        |
| AXIS IV                                  |        |
| GAF                                      |        |
| Current medication:                      |        |
| Indication for additional consultations: |        |

### **Section B**

|                                     |      |      |
|-------------------------------------|------|------|
| <b><u>TREATING PSYCHIATRIST</u></b> |      |      |
| Name and surname                    |      |      |
| Practice number                     |      |      |
| Contact number                      | Tel: | Fax: |
| <b><u>TREATING PSYCHOLOGIST</u></b> |      |      |
| Name and surname                    |      |      |
| Practice number                     |      |      |
| Contact number                      | Tel: | Fax: |

### Section C

|                              |            |          |           |                |
|------------------------------|------------|----------|-----------|----------------|
| <b><u>TREATMENT PLAN</u></b> |            |          |           |                |
| <b>Psychologist</b>          |            |          |           |                |
| Tariff code                  | Start date | End date | Frequency | Total sessions |
|                              |            |          |           |                |
|                              |            |          |           |                |
|                              |            |          |           |                |
|                              |            |          |           |                |
| <b>Psychiatrist</b>          |            |          |           |                |
| Tariff code                  | Start date | End date | Frequency | Total sessions |
|                              |            |          |           |                |
|                              |            |          |           |                |
|                              |            |          |           |                |
|                              |            |          |           |                |