



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

Section A

PATIENT DETAILS

Name and surname

Profmed member number

Dependant code	D.O.B.
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Diagnosis	ICD-10
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AXIS I

AXIS II

AXIS III

AXIS IV

GAF

Current medication:

Indication for additional consultations:

Section B

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TREATING PSYCHIATRIST

Name and surname

Practice number

Contact number

Tel:

Fax:

TREATING PSYCHOLOGIST

Name and surname

Practice number

Contact number

Tel:

Fax:

Section C**TREATMENT PLAN****Psychologist**

Tariff code	Start date	End date	Frequency	Total sessions

Psychiatrist

Tariff code	Start date	End date	Frequency	Total sessions