

**INSTRUCTION: Complete this data sheet for each patient with a mental health diagnosis**

Date: _____ Name of person completing form: _____

Health centre name: _____ Card Number/Medical Registration Number _____

Age: _____ Gender: ☐ Female ☐ Male**1. Patient Status** ☐ First consultation ☐ Follow-up appointment**2. Mental health diagnosis:** Tick the disorder for which the patient is currently under treatment.

- ☐ Psychosis ☐ Alcohol use disorder
☐ Bipolar disorder ☐ Suicide attempt
☐ Epilepsy ☐ Depression
☐ Other mental, neurological or substance use disorder (specify)

3. Impression of severity: Considering your clinical experience with this particular population, how mentally ill is the patient at this time? Complete for all patients

- ☐ Well ☐ Mild ☐ Moderate ☐ Severe

6. Referred for other services

- ☐ Not referred ☐ Medical services – within facility ☐ Medical services – to another facility
☐ Mental health specialist ☐ Other (specify): _____