

Central State Hospital Consultation Sheet

To: _____ From(unit): _____ Routine Urgent
Note: Urgent consults must have practitioner
to consultant contact

Reason for Request and Provisional Diagnosis: _____

Pertinent additional info: (Check if attached): Insulin Record Vital signs Lab/X-ray Reports H&P Seizure Record
 Menstrual Record Other _____

Current MAR must be attached

Pertinent Medical/Psychiatric Summary

Requested by _____ Date _____ Time _____ AM PM Phone _____

CONSULTATION REPORT

Place of Consult: Unit CSH Clinic Other _____

Date Consult completed _____ Time _____ AM PM Dictated?: Yes No If yes, _____
Confirmation #

Stamp plate