|  |  |  |  |
| --- | --- | --- | --- |
| DMP’s Name: |   | Date of Visit: |   |
| Patient’s Name: |   | CHI: |   |
|  |
| **Clinical Summary:** |
| Diagnosis: |   |
|   |
| Summary of History: |  |
|   |
| Detail any treatment being given that was not properly authorised: |
|   |
| Consultation with professionals involved in medical treatment: |
| Name: |   |   |   |
| Status: |   |   |   |
| Discussion with Named Person: |   |
| Note any difficulties in consultation, eg contacting the RMO |
|   |
| Was a T3 issued: |   | If yes, date: |   |
| Treatment authorised until: |   | Reason for duration of T3: |   |
| Was the RMO’s treatment modified? |   | If yes, please give details: |   |
| If no T3 issued, please give reason: |   |
|  |
| DMP Signature: |   |