|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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: |  | | | | |