

**Details of service requested**

**Main reason for this referral:** Diagnostic assessment, CBT

### If CBT required, which interventions are required?

## Behavioural intervention, Cognitive interventions

**Relapse prevention Plan:** Attend GP clinic for review / Call clinic and or after-hours service if deteriorating / call or visit psychologist

**Emergency care:** Call or make appointment with GP / local CAT team / call or visit psychologist

## Clinical details

## Medications

Valdoxan 25mg Tablet 1 Tablet In the evening

**Family History including Mental Illness**      Mother:      Not recorded

**Father:** Not recorded

### Other family members:

## Medical Conditions

## Eczema

## **Abuse History - Substance /sexual/physical/domestic violence**

Nil relevant

Nil relevant

## Allergies

Nil known.

**Personal history (e.g. childhood, education, relationship history, work history etc)**

### Alcohol:

Previously light

### **Smoking:**

Smokes 5 cigarettes/day.

**Relevant Examination and or investigation**