

OMH New York Child and Adolescent Telepsychiatry (NYCAT) Consultation Form

PART 1: CONSULTATION REQUEST - to be completed by contact person at requesting site

Program: _____ County: _____ Date of Request: _____

Patient's First Name: _____ Last Initial: _____ Age: _____ Sex: _____ Race/Ethnicity: _____

Medical Conditions: _____

Allergies: _____

Primary Clinician's Name and phone number: _____

Prescribing Psychiatrist/Physician Name and phone number: _____

Current Multiaxial Diagnosis

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V (GAF): _____

Reason(s) for Consultation Request - Check all that apply:

- Behavioral Management Non-Compliance with Treatment Medication Management Impulsive/Assaultive Behavior
 Diagnostic Clarification Self-Abusive/Suicidal Behavior Other _____

Please describe the reason the consult is being requested (primary consultation question): _____

Requesting Site Contact Person:

Name _____ Title _____ E-Mail Address _____

Phone _____ Fax _____

Videoconference number where consult will take place (700 number/IP Address): _____

Land line (phone contact in room where consult will take place): _____

Please list preferred dates and times for consultation: _____

***Please attach most recent psychiatric, social/core history, treatment plan, and medication history along with completed/signed consent for release of information.** Send consultation form to the OMH Division of Children and Family Services in Albany, Attention: OMH NYCAT Coordinator, via FAX to (518) 473-4335. When you FAX the consult request and information, please call the OMH NYCAT Coordinator's Assistant at 518-473-6902 to alert that FAX is coming to ensure confidentiality of information.

PART 2: CONSULTANT'S FINDINGS AND RECOMMENDATIONS - to be completed by consultant at time of consultation

Main historical issues from clinical summary or interview:

Principal observations/findings from interview:

Diagnostic Impression:

Recommendations to the treating clinician(s):

Consult Date: _____ Phone: _____ E-mail: _____

Consultant's Name: _____ Consultant's Signature: _____