

Intellectual Disability Dual Diagnosis Specific Triage Questionnaire for GP's

Name: _____

NHI: _____ Date: _____

Specific medical history

Recent blood tests must include

HBA1C: _____

Anticonvulsant levels(if appropriate) _____

Thyroid function: _____

Urinalysis for UTI: _____

History of seizures and Neurology follow up: _____

Current weight and changes: _____

Physical Examination including findings

Vital signs: _____

ENT : _____

Abdominal palpation and recent bowel habit history last 2 weeks: _____

Last dental examination: _____

Comment on Alcohol and drug use history:

Daily activities over the week:

Significant life changes including losses (family and carers)

Specific mental health symptoms

Comment on:

Changes to sleep _____

Changes in mood _____

Changes to behaviour _____

Changes to appetite _____

Change in level of functioning _____

Usual thinking _____

Change in speech _____

Please note

Referrals will not be acted on until this information is received.

Please ensure the person accompanying the client to appointments has a good understanding of their current presentation.