

**Halton Physician's Association: Complex Mental Health Rounds**  
*Patient Template for Case Review*

**Instructions:** To assist in accurate case review, please complete the following questions about your patient to the best of your ability. Once completed, email the document to [generalinquiries@haltonphysicianassociation.ca](mailto:generalinquiries@haltonphysicianassociation.ca). Please ensure that all information is anonymized. The goal of this is to give general diagnostic and treatment recommendations as guided by current best evidence.

- 1. Please list relevant demographic information i.e. age, biological sex, gender, marital status etc.**
- 2. What psychiatric diagnoses has your patient received in the past?**
- 3. What psychiatric medications has your patient tried in the past for these conditions?**
- 4. What mental health treatment is your patient currently receiving i.e. therapy, medications.**
- 5. What medical and substance use co-morbidities does your patient have?**
- 6. What psychiatric symptoms is your patient experiencing currently and how impairing are they i.e. interpersonal functioning, occupational functioning.**
- 7. Are there any other details you would like us to know about your patient?**