

Gulf Coast Consultation in Child and Adolescent Psychiatry



Off hours Consultation Form

Date of consultation: _____

Practice Information:

Pediatric Practice Name: _____

Consulting Physician Name: _____

Pediatric Practice Contact Information:

Backline Phone number or best number to reach you during next warm line session: _____

Fax number: _____

Patient Information (enter all information relevant to your consultation question. Demographic information is required by our funder):

Child/Client Name: _____

Date of Birth or age in years and months : _____

Race: _____ # parents in home: _____ Parent employment status: _____

Pertinent Medical History: _____

Current Medications: _____

Allergies: ___ NKDA ___ Other: _____

Is the client/family receiving any therapeutic, community, or social services? Please specify:

Has the family/child been impacted by the BP Oil Spill? (i.e.: job loss, job gain, lifestyle changes, etc.) Please specify:

Consultation Information:

Type of consultation:

Diagnostic School issue Resources-community access

Medication question Non-patient related mental health question

Advice for parent Other, please specify: _____

Consultation question/request:

Please fax to G-CAP at (504) 988 4264. You will receive a call during the next warmline session. Please check the website for schedule. Please do not fax urgent requests to G-CAP, as we are not an emergency service and cannot respond immediately.