

## Recommendation Form

**Date:** \_\_\_\_\_

**Case Synopsis:**

Description of the client (e.g., demographics, education, employment, primary source of income, social support, etc.)

Description of the suspected psychiatric diagnoses, substance use, and current presenting concerns. Also include relevant developmental, social, and family history.

Supporting information, safety concerns, medical conditions, 6-point wellness check, etc.

Past/present treatment interventions, as well as the client's current goals for treatment and strengths that will support them to work towards their treatment goals.

Reason for case consultation and any specific questions that the provider would like answered.

**Summary of Recommendations:**

Recommendation: Description of recommendation.

*Elaborating on recommendation or supporting information:*

*Clarifying information (e.g.; where to access scales, monitoring required when prescribing medication, etc.):*

**Follow-up**

If it would be helpful to have some further discussion and consultation regarding this case, please consider bringing it back to ECHO EPI-SET in the next month. To do so, please connect with:

Dielle Miranda (dielle.miranda@camh.ca)