

*Affix Client Label Here*



EARLY PSYCHOSIS INTERVENTION  
ONTARIO NETWORK

## PRIMARY CARE UPDATE

Date

Dear Dr./Ms./Mr. Recipient Name,

Re: Client First & Last Name, Client DOB Date of admission to program: Date

Further to our letter dated [date], the client's current status and updates in care are provided below.

[Statement on status of shared client]

### SUMMARY:

Categories	Comments
<b>MEDICATION</b> (INCL. SIDE EFFECTS, ADHERENCE)	
<b>SYMPTOMS AND DIAGNOSIS OF MENTAL ILLNESS</b> (INCL. CAPACITY, DIAGNOSIS, CTO...)	
<b>PHYSICAL WELLBEING</b> (E.G. METABOLIC MONITORING, DIABETES, BLOOD WORK...)	
<b>ENGAGEMENT IN CARE IN EPI PROGRAM</b> (E.G. PARTICIPATION IN GROUPS AND THERAPIES, ATTENDANCE)	
<b>OUTSIDE SERVICE ACCESS</b> (E.G. OTHER PROGRAM INVOLVEMENT, HEALTHCARE PROVIDERS, ER VISITS, ADMISSIONS ...)	
<b>CLIENT GOALS AND PROGRESS</b>	
<b>FAMILY AND SOCIAL INVOLVEMENT</b>	
<b>OTHER PSYCHOSOCIAL ISSUES</b> (E.G. HOUSING, LEGAL ISSUES...)	
<b>SUBSTANCE USE</b>	
<b>SAFETY CONCERNS</b> (INCL. SAFETY TO SELF, OTHERS)	
<b>TREATMENT PLAN(S)</b>	

[Transitional statement]

*[ Recommendations for primary care ]*

We hope you find this update helpful to you. Please do not hesitate to contact me at *[ phone # ]* for any update or clinical concerns on this client.

Sincerely,

*[ Name, Title, Signature ]*