Specialist Psychiatry & Neuroaffirmative Care
Dr Attila Szigeti, Consultant Psychiatrist

# GP Referral Form

Dr Attila Szigeti, Consultant Psychiatrist (MCRN 410794, Specialist Register of the Irish Medical Council). Adults aged 18 and over. In person at the Dún Laoghaire Therapy Centre and by secure video link across Ireland, Monday to Thursday. New patients are welcome now.

Thank you for your referral. Please complete what you can — a practice letter with the same information is equally welcome. Send this form by Healthmail to attila.szigeti@healthmail.ie — or, if you prefer, ask us for an encrypted upload link. Please do not send patient information by ordinary email. Seaward Clinic is a specialist outpatient practice and does not provide emergency or crisis care: urgent presentations should go to the acute services.

## A. Referring clinician

**Name:** _____ **MCRN:** _____

**Practice:** _____ **Telephone:** _____

**Practice address:** _____

**Healthmail / secure email:** _____ **Date of referral:** _____

## B. Patient details

**Full name:** _____ **Date of birth:** _____

**Address:** _____

**Telephone:** _____ **Email:** _____

**Preferred contact:** ☐ Telephone ☐ Email ☐ WhatsApp

**Preferred language:** ☐ English ☐ Hungarian ☐ Interpreter needed

☐ The patient is aware of this referral and agrees to it

☐ The patient agrees to Seaward Clinic contacting you about their care

## C. Reason for referral

☐ General adult psychiatry:

- ☐ depression ☐ anxiety ☐ OCD ☐ bipolar affective disorder ☐ PTSD / trauma-related

☐ ADHD assessment, with ongoing care if diagnosed

☐ Medication review and reduction

☐ tDCS or rTMS for depression (suitability to be assessed; rTMS by referral to a psychiatrist colleague)

☐ Other: _____

*Medico-legal reports are not arranged through this form: solicitors and instructing bodies should write to medicolegal@seawardclinic.com.*

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## D. Clinical summary

**Presenting problem, duration and impact on work, study or relationships**

**Past psychiatric history and treatment — medications tried, doses, response**

**Current medication**

**Allergies or adverse drug reactions**

**Relevant medical history — for stimulant treatment please include cardiovascular history, blood pressure and heart rate**

**Alcohol and substance use**

**Risk — self-harm, suicide, harm to others, safeguarding concerns**

**Forensic history — arrests, charges, convictions or current court proceedings, if known**

**Social context and supports**

## E. Enclosed

☐ Previous psychiatric reports ☐ Recent bloods ☐ ECG ☐ School reports or childhood information (ADHD)

☐ Other:

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## F. What happens next

We confirm receipt and the current waiting time. Before the first appointment the patient completes Seaward Clinic's Pre-Assessment Form and Consent Form. Assessment starts with a general adult psychiatric assessment (one hour); for ADHD, a second one-hour stage follows. You and the patient receive the written report within two weeks of the final assessment — to you by Healthmail, to the patient through an encrypted download link. All treatment options are discussed with the patient before anything is prescribed or started, including their risks and benefits.

**Clinical responsibility:** while the patient is waiting to be seen, responsibility for their care remains with you. Once Seaward Clinic has seen the patient, responsibility is shared with you, and a safety plan is completed with the patient.

**Prescribing:** initiation, titration and dose changes of controlled medication remain with Seaward Clinic after cardiovascular screening. We ask GPs only for routine monitoring — blood pressure and heart rate at dose changes and every three to six months once stable, weight at review. After twelve months of stability we offer a structured hand-back to GP repeat prescribing with annual specialist review, with your agreement.

**Fees are paid by the patient:** general adult psychiatric assessment €500; ADHD assessment €1,000 for the two one-hour stages, paid in full before the first appointment; medication review and reduction €500; follow-up €180. Private insurance may cover part of the cost; receipts are issued.

**Referring clinician's signature:** _____ **Date:** _____

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