University Psychiatry Unit

Teaching Hospital

Karapitiya Clinic No……………………

1. Full Name ………………………………………………………………………………………………………..
2. Address ………………………………………………………………………………………………………
3. Telephone Number ……………………………………………………………………………………………
4. District ………………………………………………………………………………………………………
5. Divisional secretory area …………………………………………………………………………………
6. Grama niladari division ……………………………………………………………………
7. National identity card number ……………………………………………………………………
8. Date of birth ………………………………………………………………………………………………………
9. Age …………………………………………………………………………………………………………………
10. Occupation ………………………………………………………………………………………………………
11. Care givers name and address ……………………………………………………………………
12. Educational level ……………………………………………………………………………………………
13. Since when treatment taken …………………………………………………………………………………
14. Funds receiving ……………………………………………………………………………………………..
15. Diagnosis ………………………………………………………………………………………………………………………
16. Current Treatment ………………………………………………………………………………………………………………………