

Diving with Mental Health Problems & Medications Questionnaire

To be filled in by the treating physician

Please answer all questions below, then sign the form & return to the medical referee.

Patient's name, D.O.B., address, phone number

1. Please list all medication currently taken by the patient
2. Please indicate the diagnosis requiring psychotropic medication or psychotherapy.
3. Please indicate the date of starting the medication/therapy for the mental health condition & confirm compliance with this.
4. Please confirm that the condition has resolved/is under control, whether patient is on maintenance therapy & whether they have returned to normal daily life & work.
5. Please confirm that there have been no upward mood swings
6. If the patient has been withdrawn from medication or completed psychotherapy, please confirm that this was at least six weeks ago & that the patient's mental health is stable

Signed:

Date:

Surgery Stamp