**SOUTH AFRICAN CIVIL AVIATION AUTHORITY**

Aeromedical Committee

Private Bag X 73

Halfway House 1685

Chairperson of the Aeromedical Committee

**Aviation Medical Application – Psychiatrist’s / Psychologist’s Report for Mood Disorder Protocol**

The following information is hereby submitted as part of the application for Aviation Medical Fitness Certification for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ID no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as part of the requirements for the Mood Disorder Protocols:

1. Personal information (background information, including work history / experience, marital status etc.)
2. Main complaint and history of main complaint (list dates); name and describe possible stressors
3. Previous psychiatric history including previous treatment
4. History of substance use/ abuse/ dependence
5. Any comorbidity
6. Family history of psychiatric treatment
7. Medical history
8. All medications used/ on at present
9. Special investigations done
10. Mental status evaluation, including rating scales, e.g. Hamilton D scale (required)
11. Diagnosis of present complaint
12. Treatment of main complaint
	1. Medication: name, dose prescribed, duration of treatment, side effects
	2. Psychotherapy: type, qualifications of psychotherapist, e.g. clinical psychologist, frequency, duration
	3. Other treatments
13. Compliance with treatment
14. Response to treatment, any residual symptoms; Hamilton D scale at first consultation and during follow-up; any other rating scales performed
15. Course of illness if not covered under point 13
16. Risk assessment (suicide, homicide)
17. Length of symptom-free period
18. Have stressors been resolved?
19. Plans in place to detect relapse, e.g. if the problem is one of substance abuse.

Please do not hesitate to contact our offices if there is a need for additional information.

Yours Sincerely,