Consultation-Liaison Note Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · July 2026

A consultation-liaison (C-L) note records a psychiatric assessment of a hospital patient admitted under a non-psychiatric team, performed at that team's request. It answers the consult question, documents mental status, capacity, and risk, and returns numbered recommendations the requesting team can act on the same day.

Consult request who asked, what they asked, how urgent
Do: record who asked, the question as they asked it, and the urgency; the stated reason anchors medical necessity.
Pitfall: a note that never says why psychiatry was called cannot show it answered anything.

Medical context the picture the assessment sits inside
Do: capture admission reason, relevant medications, labs, vitals, and the current course, briefly.
Pitfall: a free-floating psychiatric note that ignores the anticholinergic burden, the sodium, or the post-operative day.

Focused history selected for the question, not exhaustive
Do: cover psychiatric history, substance use, current psychotropics, and collateral that bear on the question.
Pitfall: a clinic-length history no hospitalist will read; length is not thoroughness here.

Mental status examination the objective core of the note
Do: examine and record findings, with attention and orientation testing whenever delirium is in play.
Pitfall: "alert and oriented" standing in for an examination; hypoactive delirium hides inside exactly that phrase.

Capacity & risk the two most-missed lines
Do: address decision-specific capacity when consent or refusal is in play, and risk in every note.
Pitfall: silence; UK audits found capacity documented in 19.8% of liaison reviews and risk in 27.9%.

Impression & differential answer what was asked
Do: give your judgment against the medical differential: delirium versus depression, akathisia versus anxiety.
Pitfall: naming a psychiatric disorder without engaging the medical causes the team is worried about.

Numbered recommendations the section the team actually reads
Do: number them: safety, non-pharmacologic steps, medication with dose and route, monitoring, disposition.
Pitfall: advice buried in a paragraph; if the intern cannot turn it into orders in one pass, the consult has not landed.

Communication & follow-up close the loop on the record
Do: record who you spoke with and when, whether C-L will follow, and what should trigger a call back.
Pitfall: no documented closure; the conversation happened, the record cannot prove it.

Before you sign

- [ ] The consult question is answered explicitly in the impression
- [ ] Attention and orientation tested where delirium is possible
- [ ] Capacity and risk each get a decision-specific line
- [ ] Recommendations numbered, with doses, routes, interactions
- [ ] Handoff documented: who was told, when, and the follow-up
- [ ] Total time and decision making support the code you intend

Drafting with AI

Capture the consult however it exists: a dictated recap on the walk back from the bedside, or bullets from the chart.

"Draft a consultation-liaison note from this recap: consulted for depression and PT refusal, post-op day 2 hip fracture, findings and recommendations: …"

Never paste patient-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

200 to 600 words	15 to 25 min by hand	After each bedside consult	Team · chart · payers
typical length	clinical team estimate	when it's written	who reads it

Full guide, sample note, and compliance notes:
bastiongpt.com/template/consultation-liaison-note

Consultation-Liaison Note Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements.

Patient (initials): MRN: Date/time of consult:

Consult request

Requesting team and attending · the question as they asked it · urgency (routine / urgent)

Medical context

Admission reason and date · relevant medications, labs, vitals · current course

Focused history

Psychiatric history · substance use · current psychotropics · collateral, selected for the question

Mental status examination

Objective findings; include attention and orientation testing whenever delirium is in question

Capacity & risk

Decision-specific capacity where consent or refusal is in play · risk: self-harm, harm to others, vulnerability

Impression / differential

Clinical judgment against the medical differential; answer the question that was asked

Recommendations (numbered)

1 safety · 2 non-pharmacologic · 3 medication with dose, route, interactions · 4 monitoring and labs · 5 disposition and follow-up

Communication & follow-up

Discussed with (team member, time) · C-L follow-up plan · what should trigger a call back

Total time (if time-based billing): Next C-L review:

Author signature / credentials: Date signed: