Consultation Report Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · July 2026

A consultation response, or consultation report, is the written reply a consultant sends to the provider who requested the consultation: findings, diagnostic impression, recommendations, and who does what next. It closes the referral loop the referral letter opened. In Australia and for Canadian physicians it is a condition of payment; for US psychologists it is professional convention.

Addressee & referral anchor who referred, when, and what they asked
Do: open by naming the referrer, the referral date, and the question they asked, restated in your first lines.
Pitfall: a letter that never restates the question; the referrer cannot tell whether their concern was addressed.

Basis & limits what the opinion rests on
Do: list sessions and dates, measures administered, records reviewed, and collateral; state what the consultation did not cover.
Pitfall: an unbounded opinion; scope you never stated is scope you will be held to.

Findings concise and referrer-oriented
Do: give the six things referrers want: diagnosis, management plan, medication, prognosis, risk, and follow-up timing.
Pitfall: pasting the intake note; the referrer needs your synthesis, not your raw record.

Diagnosis & impression something the referrer can act on
Do: name the diagnosis, with confidence level and differentials where honest.
Pitfall: hedged formulations with no usable diagnosis; the referrer has to code and act on something.

Numbered recommendations every item has an actor
Do: split what you will do from what you suggest the referrer do, with medication specifics where relevant.
Pitfall: advice without an actor; "consider SSRI adjustment" assigned to no one changes nothing.

Responsibility & follow-up who owns what from today
Do: state who manages ongoing care, who prescribes and monitors, when you will see the client again, and what triggers re-referral.
Pitfall: the ambiguous handback; unowned follow-up is where referral loops fail.

Sending & copy status prove the loop closed
Do: record date sent, method, and whether the client was copied; Australian guidance expects the report within 2 weeks.
Pitfall: a report written but never provably sent; payer auditors have penalized exactly this.

Before you sign

- [ ] The referral question is restated and answered in order
- [ ] Diagnosis, plan, medication, prognosis, risk, follow-up all present
- [ ] Basis and limits of the opinion stated
- [ ] Responsibility split: who treats, who prescribes, who monitors
- [ ] Re-referral triggers concrete and specific
- [ ] Send documented: date, method, client copy status

Drafting with AI

Capture the outcome however it exists: a dictated recap after the final session, or bullets from your assessment note.

> *"Draft a consultation report to the referring GP from this recap: referred for panic symptoms, two assessment sessions, diagnosis and plan: …"*

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

150 to 700 words	10 to 20 min by hand	After assessment or course end	Referrer · chart · payers
typical length	clinical team estimate	when it's sent	who reads it

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

Consultation Report Template

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

To (referring provider): From (consultant, credentials):

Re (client, DOB): Date of report: Referral received:

Referral question

Restate it in your first line; the reply must visibly answer it

Basis of this opinion

Sessions and dates · measures · records reviewed · collateral · limits of this consultation

Findings (concise, referrer-oriented)

What the referrer needs in order to act; your synthesis, not the raw record

Diagnosis / impression

Diagnosis with confidence level · differentials where honest · prognosis · risk

Recommendations (numbered)

1 what you will do · 2 what you suggest the referrer do · 3 medication position · each with an actor

Responsibility & follow-up

Ongoing management: returned to referrer / shared / consultant · who prescribes and monitors · re-referral triggers

Date sent: Method: Client copied (yes / no):

Signature / credentials: Date signed: