



C.L.I.P.P. - CASE TRANSFER SUMMARY

PROFILE:

Last Name: _____ Forename(s) _____ Date: ___/___/___

Date of Birth: ___/___/___ Sex: M F Next of Kin: _____

Address: _____ NOK Contact information: _____
postcode _____

Own Telephone no: _____ NOK Telephone no: _____
Medicare No: _____ Health Benefits Card No: _____ H&CS No: _____

DIAGNOSTIC INFORMATION:

AXIS I Psychiatric Clinical Disorders, and Other Conditions that May be a Focus of Clinical Attention

Diagnostic Code _____ DSM - IV name _____
Definite Provisional
None Deferred

AXIS II: Personality Disorders and Mental Retardation

Diagnostic Code _____ DSM - IV name _____
Definite Provisional
None Deferred

AXIS III: General medical Conditions

ICD-9-CM code _____ ICD-9-CM name _____
Definite Provisional
None Deferred

AXIS IV: Psychosocial and Environmental Problems

Check:

- | | |
|--|---|
| <input type="checkbox"/> Problems with primary support group | <input type="checkbox"/> Problems related to the social environment |
| <input type="checkbox"/> Educational Problems | <input type="checkbox"/> Occupational Problems |
| <input type="checkbox"/> Housing Problems | <input type="checkbox"/> Economic Problems |
| <input type="checkbox"/> Problems with access to Health Care Services | <input type="checkbox"/> Problems related to the Legal System / Crime |
| <input type="checkbox"/> Other Psychosocial and Environmental Problems | |

AXIS V: Global assessment of functioning scale Score _____ Time scale _____

Smoker: No Yes Cigs./day _____

Current Medication:

Drug	Dose	Frequency
------	------	-----------

Compliance:

Significant Side-effects:

Summary of Psychiatric History:

PREPARATION FOR TRANSFER - DATE:

<p>Possible Impediments to Transfer for Management in General Practice:</p> <p>Action Taken:</p> <p>Response:</p>
--

Date of first appointment at GP clinic: ___/___/___ With: Psy: _____
GP: _____

Name & Address of Practice: _____
Practice Phone No: _____

MENTAL HEALTH MANAGEMENT PLAN: (FOR PHYSICAL HEALTH PROBLEMS SEE HEALTH SUMMARY)

<p>Regular appointment frequency:</p> <p>GP 1/52 <input type="checkbox"/> 2/52 <input type="checkbox"/> 1/12 <input type="checkbox"/> 2/12 <input type="checkbox"/> 3/12 <input type="checkbox"/> 6/12 <input type="checkbox"/> 1/1 <input type="checkbox"/> None regular <input type="checkbox"/> Other</p> <p>Psychiatrist: 2/52 <input type="checkbox"/> 1/12 <input type="checkbox"/> 2/12 <input type="checkbox"/> 3/12 <input type="checkbox"/> 6/12 <input type="checkbox"/> 1/1 <input type="checkbox"/> None regular <input type="checkbox"/> Other</p> <p>Case manager 2/52 <input type="checkbox"/> 1/12 <input type="checkbox"/> 2/12 <input type="checkbox"/> 3/12 <input type="checkbox"/> 6/12 <input type="checkbox"/> 1/1 <input type="checkbox"/> None regular <input type="checkbox"/> Other</p> <p>Action each appointment:</p> <p>Cardinal signs of relapse:</p> <p>Any Regular investigations: Frequency:</p> <p>Response to non attendance:</p> <p>Other identified Contingency plans:</p> <p>Contact(s) in event of problem:</p>
--