

**Follow up information  
GP to Psychiatrist  
(C.L.I.P.P. 03)**

Follow up form. To: \_\_\_\_\_

Re: Surname \_\_\_\_\_ Age \_\_\_\_\_

Forenames \_\_\_\_\_ Sex M  F

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ From: \_\_\_\_\_

This patient was seen in the consultation liaison clinic at  
your practice on: \_\_\_\_/\_\_\_\_/\_\_\_\_



**Progress:** I would value some information as to his/her progress since then, please could you give a brief account of progress in the intervening period.

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Considering your total clinical experience with your patients, how mentally ill is he/she now?

- Not Assessed  0
- Normal, not at all ill  1
- Borderline mentally ill  2
- Mildly ill  3
- Moderately ill  4
- Markedly ill  5
- Severely ill  6
- Among the most extremely ill of patients.  7

Compared with his/her condition at the time of that consultation, how much has he/she changed?

- Not assessed  0
- Very much improved  1
- Much improved  2
- Minimally improved  3
- No change  4
- Minimally worse  5
- Much worse  6
- Very much worse  7

Signed: \_\_\_\_\_