

ROUTINE NOTES REVIEW FOR CLIENTS TRANSFERRED TO GPS

For completion by visiting psychiatrist, then please return to CLIPP admin office



CLIENT ID:

LAST NAME: _____ FIRST NAME: _____
DATE: ____/____/____
(scrutiny of casenotes)
CLIPP NO: _____ UR NO: _____
PRACTICE: _____ G.P: _____
PSYCHIATRIST _____ TRANSFER DATE: ____/____/____

MENTAL HEALTH FOLLOW UP

	Frequency	Compliance
A) required frequency appointment with GP	_____	yes (1) no (2) not known (3) ____
B) required frequency appointment with Psychiatrist	_____	yes (1) no (2) not known (3) ____

If NO for A) complete:

Was F/U attempted? yes (1) no (2) not known (3) ____
If YES, was it successful? yes (1) no (2)* not known (3) ____
If NO is client lost to F/U? yes (1)* no (2) not known (3) ____

Other comments:

If NO for B) complete:

How long overdue? _____

PATHOLOGY

Have specified routine investigations been completed? yes (1) no (2) not known (3) ____
If NO, how long overdue? _____

PROBLEMS IDENTIFIED AS A RESULT OF THIS REVIEW: Tick for none or list below:

Problems:

Action Taken:

Outcome:

Date of completion of review: ____/____/____ Signature: _____

* Alert GP.