



**C.L.I.P.P. – PROGRESS NOTE
TRANSFERRED CLIENT**

Progress Note On: Surname: _____

Forename: _____

Date of Review: ____/____/____

UR NO: _____

General Practitioner: _____

Psychiatrist: _____

CLINICAL NOTES:

HoNOS – Scales and brief reminders of categories refer to full version if in doubt

Rate for the last 2 weeks. 0 = no problem; 4 = severe problem; 9 = not rated

1 Aggressive or disruptive

0 1 2 3 4 9

2 Suicidality

0 1 2 3 4 9

3 Alcohol or drug misuse

0 1 2 3 4 9

4 Memory, Orientation, Understanding

0 1 2 3 4 9

5 Physical illness or disability

0 1 2 3 4 9

6 Mood disturbance

0 1 2 3 4 9

7 Hallucinations/delusions

0 1 2 3 4 9

8 Other mental and behavioural problems

0 1 2 3 4 9

9 Supportive social relationships

0 1 2 3 4 9

10 Housing and locality

0 1 2 3 4 9

11 Problems: Recreation, finance

0 1 2 3 4 9

12 Overall disability

_____ 0-100; 0= no disability, 100 = total incapacity

Signed: _____

Action:

1. Photocopy to CLIPP Admin or Fax 9342 2347 for filing with Transfer Summary Case Notes.
2. File original in GP's case notes.