



# The Open Circle Clinical Summary

*The Clinical Summary must **preferably** be completed by:*

**(Section A): Psychiatrist** (Information not older than 3 months)/alternatively **mental health sister/ doctor**

**(Section B): Psychologist** (Information within current developmental stage)/ alternatively **mental health sister/ other**

**(Section C): Report from a **recently attended service/ home** where the client had to leave due to challenging behavior**

**(Section D): Please attach summaries of other mental health care practitioners involved in the client's care like OT/ Social work (where applicable)**

**Section A:**

This section must be completed by a **Psychiatrist** and information must not be older than **3 months**/ Alternatively include reports not older than 3 months referring to the below outline.

Name of applicant:
Date of Birth (age):
Race:
Gender:

DSM IV/ V Diagnosis: (please be specific regarding level of ID)

Approximately how long ago was the client Diagnosed with each of the above?

Please indicate the medication the client is currently receiving.			
Medication	Dosage	Frequency	Indicated for

Approximately how long has the client been on the mentioned medication regime?	
Please indicate the client's history of adverse medication effects and also where these effects led to changes in medication.	
Where does the client receive medication and follow-up and how regularly?	
Is the client and family compliant w.r.t. follow-ups and medication?	
Please provide details regarding the client's therapeutic and respite admissions (as relevant to physical and psychiatric diagnosis and challenging behavior) in the last 10 years; Please give approximate timeframes	
Please comment on the following if relevant to the client:	
<b>Condition</b>	<b>Is the condition in your opinion manageable?</b>
Physical conditions like Diabetes: .....	
Epilepsy (Frequency, type and duration of seizures)	
Psychiatric illness	
Please complete the section below describing the client's challenging behavior	
<b>Type of behavior displayed</b>	<b>Frequency</b>

Signed:  
 Rank:  
 Date:  
 Contact details:





**Section C:**

This section **must be** completed by the latest **Facility** that the client attended in the last **5 years** where he/ she left due to challenging behavior/ Alternatively include reports not older than 5 years referring to the below outline.

Name of applicant:
Date of Birth (age):
Race:
Gender:

Please comment on the client's main problems at your facility and reasons for leaving. Please be specific.

Please comment on the client's ability to socialize, problems experienced and preferences displayed within a group.

What specific activities was the client involved in at your home/ facility and how did he/ she perform at these tasks?

What type of activities brought out the best in the client/ did he/ she enjoy?

In your opinion, how much supervision does the client need?

Signed:  
Rank:  
Date:  
Contact details: