

## Summary Clinic Checklist & Information Sheet

### CHECKLIST FOR SCHOOL CLINIC

#### SUMMARY CHECKLIST:

TICK	DOCUMENTATION
	<b>[INSERT SCHOOL NAME] Clinic Consent</b>
	<b>Doctor's Referral</b> from GP, Paediatrician or Child Psychiatrist
	<b>Client Information Sheet</b> (page 2)
	<b>Medical Reports</b> (see below)
	<b>Any Past Diagnostic &amp; Assessment reports</b>

#### MEDICAL AND OTHER REPORTS THAT MAY BE SUITABLE FOR CLINIC

Suggested ways to collect appropriate data for the appointment

1. Ask families if they have a medical file. Review. Gain consent for copies to be made.
2. Family or CM: Contact GP/Paed and ask for copies of reports for the appointment
3. Check the ADHC/Disability Service file also

#### TYPES OF REPORTS THAT MAY BE SUITABLE FOR APPT.

1.	<b>Any Diagnostic and Assessment reports</b> (no matter how old) - Health, DET, ADHC
2.	<b>Specialist reports eg. Neurologist, Paediatrician, Psychiatrist</b>
3.	<b>BIS Plans.</b> Available behavioural data if available (discuss with psychologist)
4.	<b>Hospital discharge summaries</b>
5.	<b>Health Assessment (if available eg. CHAP)</b>
6.	<b>School or school counsellor</b> may wish to submit report re issues

#### HEALTH PROFESSIONALS INVOLVED AND CONTACT DETAILS

HEALTH PROF.	SPECIALITY	CONTACT DETAILS
	GP	
	Paediatrician	

#### PROCESS FOR SCHOOL CLINIC

PROCESS	WHO IS RESPONSIBLE	WHEN
1.	List of children for clinic	School [INSERT NAME]
2.	Consent	[INSERT NAME]
3.	*Referral Letter	Parent to ask GP or paediatrician.
4.	Prioritisation & allocation of clients for clinic	[INSERT NAME] (Principal) [INSERT NAME] (Transition Health Coordinator)- for Transition clients
5.	Info sheet, reports gathered	[INSERT NAME] Case Manager when child already has allocated CM [INSERT NAME] without allocated CM
6.	Scan/E Mail info to	[INSERT EMAIL]
7.	Allocation of appt	Letters to be sent out
8.	Feedback	Phone call by [INSERT NAME] - collate
9.	Reviews	Reviews as advised by paediatrician

BRIEF CLIENT INFORMATION FOR CLINIC			
<b>Client</b>	Name	Sex:	
	Age:	DOB:	
	Address:		
	Ethnicity & language:		
<b>Referral details</b>	Referral source, reason for referral, date of referral. <b>A GP or Paediatrician referral is needed for the day.</b>		
<b>Diagnoses</b>	Current or provisional, including medical issues		
<b>Communication</b>			
<b>Intellectual Disability</b>	Assessed level of disability (include assessment if new referral)		
<b>Behaviours</b>			
<b>Sleep Issues</b>			
<b>Vision &amp; Hearing</b>			
<b>Gross &amp; Fine Motor</b>			
<b>Social/ Living Arrangements</b>			
<b>Schooling History</b>			
<b>History of presenting problem</b>	Brief community and hospital episodes of care, family history, social history (*ensure consent to include this)		
<b>Current legal status</b>	Person responsible, Guardianship, Forensic etc		
<b>Medications</b>	Current medications, known past meds, adherence, adverse reactions		
<b>Current mental state</b>	Including changes since last review and assessment, any identified behaviour management issues		
<b>Family Concerns</b>	<b>What do the family/client hope this review will achieve?</b>		
<b>Alerts/risks</b>	Any current alerts or risks?		

<b>Discussion of goals</b>	What are the immediate problems? Is the current plan effective?

*This document has been sourced from the MRID SchoolKit available online at [schoolkit.org.au](http://schoolkit.org.au). It was created as a tool to help run school-based medical clinics using the SchoolKit Clinic model and is copyrighted to the Metro-Regional Intellectual Disability Network.*