

# Primary Mental Health Care Data Report

Please return with Invoice to: Mental Health Team, Wentworth Healthcare Bldg BR Level 1, Suite 1 Locked Bag 1797, PENRITH NSW 2751 or ataps@nbmphin.com.au



<b>Date of Referral</b>	<b>Client initials</b>	<b>Client year of birth</b>	<b>Client postcode</b>	<b>Referral code</b>

<b>Referrer:</b>	<input type="checkbox"/> GP <input type="checkbox"/> Paediatrician <input type="checkbox"/> Psychiatrist	<b>Referrer name:</b>	<b>AHP Name:</b>
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**Client Demographic Data (required at 1<sup>st</sup> session only)**

<b>1. Main Language spoken at home:</b> <input type="checkbox"/> English <input type="checkbox"/> Other(Specify): If other: How well does client speak English? <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not well at all	<b>2. Aboriginal or Torres St Islander</b> <input type="checkbox"/> Both <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Neither
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<b>3. Country of birth:</b>	<b>4. Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
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<b>5. Marital status:</b> <input type="checkbox"/> Never married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Married (registered and de facto)	<b>6. Labour Force status:</b> <input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed-Part time <input type="checkbox"/> Unemployed <input type="checkbox"/> N/A- Not in the labour force
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<b>7. Source of income:</b> <input type="checkbox"/> Disability Support Pension <input type="checkbox"/> Other pension or benefit <input type="checkbox"/> Paid Employment <input type="checkbox"/> Compensation payments <input type="checkbox"/> Other (e.g. Superannuation, investments etc.) <input type="checkbox"/> Nil income Not know	<b>8. Residential Status:</b> - In the 4 weeks prior to the current referral <input type="checkbox"/> Not Homeless <input type="checkbox"/> Sleeping rough or non-conventional accomadation <input type="checkbox"/> Short-term or emergency accommodation <input type="checkbox"/> Residential aged care
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<b>9. Health Care Card:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<b>10. NDIS Participant:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<b>11. Program type</b> <input type="checkbox"/> COS <input type="checkbox"/> NPS <input type="checkbox"/> Not known
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<b>12. Principle diagnosis (select one):</b> <input type="checkbox"/> Generalised Anxiety Disorder <input type="checkbox"/> OCD <input type="checkbox"/> PTSD <input type="checkbox"/> Separation anxiety <input type="checkbox"/> Major Depressive disorder <input type="checkbox"/> Bipolar disorder <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Eating disorder <input type="checkbox"/> Personality disorder <input type="checkbox"/> Attention Deficit Hyperactivity Disorder <input type="checkbox"/> Oppositional Defiant Disorder <input type="checkbox"/> Other (please refer to PMHC MDS list):
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<b>13. Additional Diagnosis (Select one):</b> <input type="checkbox"/> Generalised Anxiety Disorder <input type="checkbox"/> OCD <input type="checkbox"/> PTSD <input type="checkbox"/> Separation anxiety <input type="checkbox"/> Major Depressive disorder <input type="checkbox"/> Bipolar disorder <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Eating disorder <input type="checkbox"/> Personality disorder <input type="checkbox"/> Attention Deficit Hyperactivity Disorder <input type="checkbox"/> Oppositional Defiant Disorder <input type="checkbox"/> Other (please refer to PMHC MDS list):
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<b>14. Medication:</b> <input type="checkbox"/> None <input type="checkbox"/> Antipsychotics <input type="checkbox"/> Anxiolytics <input type="checkbox"/> Hypnotics and sedatives <input type="checkbox"/> Antidepressants (SSRI'S, SNRI'S, TCA'S) <input type="checkbox"/> Psychostimulants and Nootropics
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<b>15. Has the individual had a recent history of suicide attempt or suicide risk?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
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**Client Session Data**

Service number	Service date	Service Duration (minutes)	Service contact type Main Service (1 code only) See codes 1-4 or DNA	Contact Modality 1.Face to face 2.Phone	Venue 1. Client home 2. AHP office 3. GP practice 4. Other (specify) 5. N/A (not face to face)	Participants: 1.Individual client 2.Client group 3.Family/client support network 4. Other health professional 5. Other	Service Postcode	Client participated in service contact?	Interpreter used: (Yes/no)	Co-payment
										<input type="checkbox"/> Yes \$___ <input type="checkbox"/> No
										<input type="checkbox"/> Yes \$___ <input type="checkbox"/> No
										<input type="checkbox"/> Yes \$___ <input type="checkbox"/> No
										<input type="checkbox"/> Yes \$___ <input type="checkbox"/> No
										<input type="checkbox"/> Yes \$___ <input type="checkbox"/> No
										<input type="checkbox"/> Yes \$___ <input type="checkbox"/> No

<b>Outcome Tool used by service provider:</b> <input type="checkbox"/> K10 <input type="checkbox"/> K10+ <input type="checkbox"/> K5 <input type="checkbox"/> SDQ (version:	<b>SDQ Pre-score and date Date:</b> / / 1. Emotional problems Scale: 2. Conduct problems scale: 3. Hyperactivity scale: 4. Peer problems scale: 5. Prosocial scale: 6. Impact Score: 7. Total Score:	<b>SDQ Post score and date Date:</b> / / 1. Emotional problems Scale: 2. Conduct problems scale: 3. Hyperactivity scale: 4. Peer problems scale: 5. Prosocial scale: 6. Impact Score: 7. Total Score:
<b>K10 Pre-score</b>  DATE: / / Score:	<b>K10 Post score:</b>  DATE: / / Score:	

**Referral Completion**

<b>Following the final session (or at conclusion of treatment) in what way did the referral conclude?</b> <input type="checkbox"/> Treatment concluded <input type="checkbox"/> Client could not be contacted <input type="checkbox"/> Client declined further contact <input type="checkbox"/> Client moved out of the area <input type="checkbox"/> Client referred elsewhere <input type="checkbox"/> Further treatment recommended	<b>Signature of AHP to confirm final report sent to the referrer:</b>
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**Service contact Type:** 1= Assessment 2= Structured psychological intervention (e.g. Psychoeducation, CBT) 3= Other Psychological intervention 4= Clinical care coordination  
 DNA= Client Did Not Attend