### Information exchange Summary

**Purpose:** To exchange summary information with other service providers at key points in the consumer's pathway to support coordinated care.

#### Contact details

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<th>From</th>
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<th>Position:</th>
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#### Feedback after assessment

- **Date of assessment:** dd/mm/yyyy
- **Assessment outcomes (summarise in notes):**
- **Assessment information or report attached?**
  - [ ] Yes (specify in notes)
  - [ ] No
- **Is Other relevant information attached?**
  - [ ] Yes (specify in notes)
  - [ ] No
- **Are there any specific risks, alerts or OHS issues?**
  - [ ] Yes (specify in notes)
  - [ ] Not known
  - [ ] No risks/alerts

#### Shared care / case plan information

- **Specific care goals?**
  - [ ] Yes
  - [ ] To be determined
- **Care plan attached?**
  - [ ] Yes
  - [ ] No
- **Date care plan developed:** dd/mm/yyyy
- **Anticipated service duration:**
- **Planned review date:** dd/mm/yyyy

#### Review or change in shared care / case plan

- **Actual review date:** dd/mm/yyyy
- **Reason for review:**
  - [ ] Scheduled review
  - [ ] Change in needs or progress
- **Updated care plan attached?**
  - [ ] Yes
  - [ ] No

#### Handover/ transition or discharge

- **Course/treatment/service completed by this service?**
  - [ ] Yes
  - [ ] No
- **Have the goals been achieved?**
  - [ ] Yes
  - [ ] Partially
  - [ ] No
  - [ ] Did not attend
  - [ ] Inactive phase of condition
  - [ ] Other (specify in notes)
- **Client transitioning to other service (specify in notes):**
- **Date of transition:** dd/mm/yyyy
  - [ ] or **Discharge/exit date:** dd/mm/yyyy

#### Notes

- **Notes:**
- **Handover/ transition or discharge:**
- **Key issue and summary of change:**

#### Total number of pages sent

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**Produced by the Victorian Department of Health, 2012**

This information collected by:  

Name:  

Position/Agency:  

Sign:  

Date: dd/mm/yyyy  

Contact number: