

CAMPUS NAME _____

MULTIPLE CONTACT SHEET



PR6M

Sub Centre _____ Clinician Name _____

PR6M

State-wide UR-NUMBER	Local UR-NUMBER	DATE & TIME	CONTACT TYPE	SERVICE MEDIUM	SERVICE LOCATION	DURATION MINUTES	NO. PROVIDING SERVICE	NO. RECEIVING SERVICE	SERVICE RECIPIENT	PROGRAM	COMM. CONTACT TYPE	AGENCY	CONTACT NAME (of service recipient) OR COMMENTS	RESEARCH 1	RESEARCH 2	RESEARCH 3	SURNAME	GIVEN NAME	DATE OF BIRTH (DOB) (unregistered clients)	SEX (unregistered clients)

Contact Type A) Client B) Unregistered C) Community D) Non-Reportable *NO UR REQUIRED FOR B & C Medium 1) Direct 2) Telephone 3) Tele-conference/Video-conference 5) Other synchronous 6) Other asynchronous	Service Location 2) Community based mental health service 3) Mental health inpatient service 4) Client's own environment 5) Non-psychiatric health or welfare service 7) Emergency department 8) Public hospital – excl MH ward 9) Private psychiatric hospital 10) Private practitioner's rooms 11) Psychiatric disability rehabilitation support service (PDRSS) (MHCSS) 12) Community care unit (CCU) 13) Aged persons mental residential service 14) Generic aged care residential service 15) Alcohol and drug treatment service 16) Prevention and recovery centre (PARC) 17) Early years setting 18) Educational institutions	Service Location (continued) 19) Child first/family services 20) Out of home care 21) Youth specific services 22) Housing and/or support agency 23) Police facilities 24) Courts 25) Prison 26) Mental health and AOD Hub 99) Other Service Recipient 1) Client Only 2) Client Group 3) Client & Family 4) Client & Others 5) Client & Family & Others 6) Family Only 7) Other 8) Family & Others	Service Recipient (continued) 9) Parent / Family / Carer Group 10) Interagency Case Planning 11) General Practitioner 12) Private Psychiatrist 13) Other Health Practitioners (Private) 14) PDSS 15) Ambulance 16) Police 17) Youth Justice 18) Child Protection 19) Community Health Services 20) Acute Health 21) Child & Family Support 22) Counselling 23) Crisis Services 24) Domestic Violence 25) Drug & Alcohol 26) Educational	Service Recipient (continued) 27) Employment 28) Financial 29) Accommodation 30) Home Support Services 31) Aged Care Assessment Services 32) Indigenous Persons Support Services 33) Intellectual Disability Services 34) Migrant Resource Services 35) Sexual Assault Services 36) Youth Services 37) Legal Services 38) Pathology Services 99) InterAMHS planning 100) DMHS Service Development 101) Client and Compulsory Notification List 102) Client, Family and Compulsory Notification List 103) Compulsory Notification List 104) Family and Compulsory Notification List 105) Magistrate 107) CCS/Court Assessment & Prosecution Services(CAPS)	Service Recipient (continued) 108) Koorie Court Officer 109) Youth Justice Court Adviser Service (YJCAS) 110) National Disability Insurance Agency (NDIA) 111) National Disability Insurance Scheme Provider (NDIS) 112) E-mental health service provider 113) Pharmacy services 114) Custodial Health Service 115) Carer 116) Primary Mental Health Services	Program The codes for each program are defined locally. It is necessary to obtain these to complete the column provided. Community Agency Type The codes for each Community Agency are defined locally. It is necessary to obtain these to fill out this column. Community Contact Types 1) Primary Consultation 2) Secondary Consultation 3) Tertiary Consultation 4) Community Development 5) Community Education 6) Specialty MH service development
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