

# ***Sub-Acute Services***

## ***Non-Admitted Patients***

### **Public Hospital Monthly Return**



**305 S2**

Refer to the Agency Information Management System Manual for instructions on completing this form.

<b>Agency:</b>			
<b>Output:</b>		<b>Period:</b>	<b>Year:</b>
<b>Community Rehabilitation Clinic (CRC)</b>		<b>Attendances Public</b>	<b>No. CRC Places Public</b>
	<b>Attendances DVA</b>		
1	Full Day Attendances (1 Attendance = 1 Place)		
2	Sessional Attendances (2 Attendances = 1 Place)		
3	Single Therapy Attendances (6 Attendances = 1 Place)		
4	Total CRC Places (1 to 3)		
<b>Other Rehabilitation Services (including Allied Health)</b>		<b>Occasions of Service Public</b>	<b>Number of individuals Public</b>
			<b>Occasions of Service DVA</b>
5	Outpatient		
6	Off Campus		
7	Number of Group Sessions		
8	Other		
<b>Palliative Care</b>			
9	Off Campus		
10	Other		
<b>Continuum of Care Services</b>			
11	On Campus		
12	Off Campus		
<b>Other Sub-Acute Non-Admitted Patient Services</b>			
13	Outpatient—Contenance Clinic		
14	Outpatient—CDAMS		
15	Outpatient—Falls & Mobility Clinic		
16	Outpatient—Pain Management Clinic		
17	Outpatient—Other Medical Services		
18	Other Off Campus Health Professional Services		
19	Number of Group Sessions		
Signed (Chief Executive Officer):		Date:	