

# Health Primary Health Program Quarterly Return



**C2**

## Client Type Report

<b>Agency:</b>	<b>Primary Health Funding Source:</b>		
<b>Output:</b>	<b>Quarter:</b>	<b>Year:</b>	

Type of Service	Registered Clients		Casual Clients		Organisations	
	Contacts	Contact Hours	Contacts	Contact Hours	Contacts	Contact Hours
<b>Restorative Care</b>						
1 Audiology						
2 Dietetics						
3 Occupational Therapy						
4 Physiotherapy						
5 Podiatry						
6 Speech Pathology / Therapy						
7 Nursing						
8 Counselling Casework						
9 Health Promotion						
10 TOTAL (= 1 to 9)						

Signed (Chief Executive Officer):	Date:
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