

Aged Community & Mental Health Mental Health Services

Human
Services



Peoplefirst

Community Services

Public Hospital Monthly Return

115 S2

This form is used to report data for non-admitted patients receiving public hospital services funded by Mental Health Services. It should be completed at the end of each month and submitted to the Department of Human Services the weekend following the tenth working day. Submission of this form by the due date is a condition of funding.

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

Hospital:				
Agency:	Agency Code:	Month:	Year:	

Type of Service	Direct Contacts
Hospital Based Emergency Medical Treatment	
1 Emergency Psychiatric Treatment	
Hospital Based Outpatient Services	
2 Aged Care Day Programs	
3 Adult Day Programs	
4 Child & Adolescent Day Programs	
5 On Campus Outpatient Services	
6 Off Campus Outpatient Services	
7 Sub Total (= 2 to 6)	
Community Residential Facilities Outpatient Services	
8 Centre Based Outpatient Services	
9 Non Centre Based Outpatient Services	
10 Sub Total (= 8+9)	
Community Based Programs	
11 Aged Care Day Programs	
12 Adult Day Programs	
13 Child & Adolescent Day Programs	
14 Psychogeriatric Assessment Teams—Centre Based Services	
15 Psychogeriatric Assessment Teams—Non Centre Based Services	
16 Crisis Assessment & Treatment Teams—Centre Based Services	
17 Crisis Assessment & Treatment Teams—Non Centre Based Services	
18 Child & Adolescent Teams—Centre Based Services	
19 Child & Adolescent Teams—Non Centre Based Services	
20 Continuing Care—Clinical Consulting—Centre Based Services	
21 Continuing Care—Clinical Consulting—Non Centre Based Services	
22 Mobile Support & Treatment Teams—Centre Based Services	
23 Mobile Support & Treatment Teams—Non Centre Based Services	
24 Sub Total (= 11 to 23)	
25 TOTAL (= 1+7+10+24)	

Only public non-admitted patient occasions of service are counted on this return. Services for private patients (including compensables) are excluded.

Signed (Chief Executive Officer):

Date: