



## Non-Admitted Patients

**116 S2**

### Public Hospital Monthly Return

This form is used to report data for non-admitted patients receiving public hospital services purchased by Public Health. It should be completed at the end of each month and forwarded within *7 working days* to the Department of Human Services. 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.**

<b>Hospital:</b>			
<b>Agency:</b>	<b>Agency Code:</b>	<b>Month:</b>	<b>Year:</b>

	Occasions of Service
<b>AIDS/STD Services</b>	
1 AIDS/STD Clinics—Individual Sessions	
2 AIDS/STD Group Sessions	
3 Sub Total (= 1 + 2)	
<b>Koori Liaison Services</b>	
4 Koori Liaison Services—Individual Services On Campus	
5 Koori Liaison Services—Individual Services Off Campus	
6 Koori Liaison Services—Group Services On Campus	
7 Koori Liaison Services—Group Services Off Campus	
8 Sub Total (= 4 to 7)	
<b>Drug Treatment Services</b>	
9 Outpatient Withdrawal	
10 Methadone Outreach	
11 Specialist Methadone Service	
12 Counselling, Consultancy & Continuing Care	
13 Ante & Post Natal Support	
14 Home Based Withdrawal	
15 Koori Community Alcohol and Drug Worker	
16 Rural Withdrawal	
17 Supported Accommodation	
18 Outreach	
19 Peer Support	
20 Sub Total (= 9 to 19)	
21 TOTAL (= 3 + 8 + 20)	

**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: