

Acute Health Sub-Acute Services

Human
Services



Peoplefirst

305 S2

Non-Admitted Patients

Public Hospital Monthly Return

This form is used to report sub-acute non-admitted hospital services purchased by Acute Health Division. 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.

Hospital:			
Agency:	Agency Code:	Month:	Year:
Community Rehabilitation Clinic (CRC)	Attendances Public	No. of CRC Places Public	Attendances DVA
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)			
Other Rehabilitation Services (including Allied Health)	Occasions of Service Public	Number of individuals Public	Occasions of Service DVA
5 Outpatient			
6 Off Campus			
7 Number of Group Sessions			
8 Other			
Continuum of Care Services			
12 On Campus			
13 Off Campus			
Other Sub-Acute Non-Admitted Patient Services			
17 Outpatient—Contenance Clinic			
18 Outpatient—Falls & Mobility Clinic			
19 Outpatient—Pain Management Clinic			
20 Outpatient—Other Medical Services			
21 Other Off Campus Health Professional Services			
22 Number of Group Sessions			
Signed (Chief Executive Officer):		Date:	