

Acute Services

Non-Admitted Patients

Public Hospital Monthly Return



111 S2

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

Agency:		
Output:	Period:	Year:

Type of Service	Occasions of Service	
	Public	DVA
Emergency Medical Treatment		
1 Emergency Medical Treatment		
Acute Outpatient Services		
2 Obstetrics & Gynaecology		
3 Paediatrics		
4 Surgical		
5 Medical		
6 Radiotherapy		
7 Pathology		
8 Radiology		
9 Pharmacy		
10 Allied Health		
11 Dental		
12 Sub Total (= 2 to 11)		
Other Acute Non-Admitted Services		
13 Domiciliary Postnatal Services		
14 Other Domiciliary Nursing		
15 Other Off Campus Health Professional Services		
16 Number of Group Sessions		
17 Sub Total (= 13 to 16)		
18 TOTAL (= 1+12+17)		

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

Signed (Chief Executive Officer):

Date: