

# Mental Health Services

## Community Services

### Public Hospital Monthly Return

**115 S2**

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

<b>Agency:</b>		
<b>Output:</b>	<b>Period:</b>	<b>Year:</b>

Type of Service	Direct Contacts	Other Contacts
<b>Hospital Based Emergency Medical Treatment</b>		
1 Emergency Psychiatric Treatment		
<b>Hospital Based Outpatient Services</b>		
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)		
<b>Community Residential Facilities Outpatient Services</b>		
8 Centre Based Outpatient Services		
9 Non Centre Based Outpatient Services		
10 Sub Total (= 8+9)		
<b>Community Based Programs</b>		
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: