MULTIPLE CONTACT SHEET

Campus Name:
Subcentre: **Clinician Name:**

State wide UR	Local UR	DATE & TIME	Contact Type	Service Medium	Service Location	Duration of Minutes	No. Providing Service	No. Receiving Service	Service Recipient	Program	Community Contact Type	Agency	CONTACT NAME (of service recipient) OR COMMENTS	Research 1	Research 2	Research 3	Surname	Given Name	Date of birth (unregistered)	Sex (unregis-tered)
	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21

Statewide / Local UR
1) Statewide UR
2) Local UR

Contact Type
A) Client
B) Unregistered
C) Community
D) Non-reportable

*NO UR required for B & C Contact Types
**NO UR required if reporting D Contact Type

Service Medium
1) Direct
2) Telephone
3) Teleconferencing/videoconference
5) Other Synchronous
6) Other asynchronous

Service Location
0) Other
1) Centre based
2) Community based mental health service
3) Mental health inpatient service
4) Client's own environment
5) Non-psychiatric health or welfare service
6) Private psychiatric service or PDSS
7) Emergency department
8) Public hospital – excl MH ward
9) Private psychiatric hospital
10) Private practitioner's rooms
11) Psychiatric disability rehabilitation support service - (PDRSS / MHCSS)
12) Community care unit (CCU)
13) Aged persons mental health residential service
14) Generic aged care residential service
15) Alcohol and drug treatment service
16) Prevention and recovery centre (PARC)
17) Early years setting
18) Educational institutions
19) Child first/family services
20) Out of home care
21) Youth specific services
22) Housing and/or support agency
23) Police facilities
24) Courts
25) Prison

Service Location (continued)
26) Mental health & AOD hub
27) Prior/during transport to AMHS
28) Prior/during transport to other place
30) Urgent Care Centre (UCC)
35) Mental Health & Wellbeing Local
99) Other

Service Recipient
1) Client only
2) Client group
3) Client & Family
4) Client & Others
5) Client & Family & Others
6) Family Only
7) Other
8) Family & Others
9) Parent/Family/Carer Group
10) Interagency Case Planning
11) General Practitioner
12) Private Psychiatrist
13) Other Health Practitioners (Private)
14) PDSS
15) Ambulance
16) Police
17) Youth Justice
18) Child Protection
19) Community Health Services
20) Acute Health
21) Child & Family Support
22) Counselling
23) Crisis Services
24) Domestic Violence
25) Drug Alcohol
26) Educational
27) Employment
28) Financial
29) Accommodation
30) Home Support Services
31) Aged Care Assessment Services
32) Indigenous Persons Support Services
33) Intellectual Disability Services
34) Migrant Resource Services
35) Sexual Assault Services
36) Youth Services
37) Legal Services
38) Pathology Services
40) Client & Family Group
50) Urgent Care Centre

Service Recipient (continued)
55) Mental Health & Wellbeing Local
99) InterAMHS planning
100) DMHS Service Development
101) Client & Compulsory Notification List
102) Client, Family & Compulsory Notification List
103) Compulsory Notification
104) Family & Compulsory Notification List
105) Magistrate
106) Area Mental Health Service
107) CCS/Court Assessment & Prosecution Services (CAPS)
108) Koorie Court Officer
109) Youth Justice Court Adviser Service (YJCAS)
110) National Disability Insurance Agency (NDIA)
111) National Disability Insurance Scheme Provider (NDIS)
112) eMental Health Service Provider
113) Pharmacy Services
114) Custodial Health Service
115) Carer
116) Primary Mental Health Service
120) Victorian Aboriginal Child Care Agency
121) Ngwala Willumbong Aboriginal Corporation

Program
The codes for each program are defined locally. It is necessary to obtain these to complete the column provided.

Community Agency Type
The codes for each Community Agency are defined locally. It is necessary to obtain these to fill out this column.

Community Contact Types
1) Primary Consultation
2) Secondary Consultation
3) Tertiary Consultation
4) Community Development
5) Community Education
6) Specialty MH Service Development