Psychological Therapies – Progress Report/Treatment Complete Form

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| Mental health service provider name | Click or tap here to enter text. | Date | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. | Fax | Click or tap here to enter text. |
| Referring GP name  | Click or tap here to enter text. | Date referral received | Click or tap here to enter text. |

### Patient Details

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| --- | --- | --- | --- |
| Name | Click or tap here to enter text. | NMI Number | Click or tap here to enter text. |
| Address | Click or tap here to enter text. | DOB | Click or tap here to enter text. |
| Number of treatments completed | Click or tap here to enter text. | Number of sessions not attended | Click or tap here to enter text. |

### Presentation & Assessment (include presentation, alcohol & drug use, interpersonal interactions, social issues, any tools used and results, etc):

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| Click or tap here to enter text. |

### Summary of Treatment & Progress (include nature of intervention, any ongoing issues/obstacles to treatment; indicate number of session the client attended and/or didn’t attend):

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| Click or tap here to enter text. |

### Recommendations for future management:

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| Click or tap here to enter text.[x]  It is suggested the client is referred to Connect to Wellbeing for further sessions[x]  No further sessions required (please indicate in section below) |

### Reason for completion of treatment (please indicate below)

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| Choose an item. |
| Mental Health Professional Signature: | Date:Click or tap to enter a date. |

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| Please send the completed feedback form to referring GP. Please also send a copy of the completed form and the Minimum Data Set form to Connect to Wellbeing at providers@connecttowellbeing.org.au or fax to 07 4212 5225 |