

## ALLIED HEALTH PROVIDER REPORTING FORM

### Details

AHP Name: \_\_\_\_\_ AHP Discipline: \_\_\_\_\_

Brief description of primary referred treatment: \_\_\_\_\_

Client Age: \_\_\_\_\_ Post Code: \_\_\_\_\_ Gender:  Male  Female Patient Name: \_\_\_\_\_

### Session 1 (Assessment) Date: \_\_\_\_\_

Following assessment, is a course of care required?  Yes  No

If no, was a self-management care plan (if appropriate) provided to the client within five (5) business days?  Yes  No

If yes, was a copy of the initial assessment completed within 20 business days of receiving the referral?  Yes  No

Was the client provided with information on their right to provide feedback about their service experience?  Yes  No

Reason, including the number of sessions recommended (up to a maximum of 5):

Rate the client's referred condition prior to treatment (functional ability): On a scale of 1-10 (1 being lowest and 10 being highest)

1      2      3      4      5      6      7      8      9      10

What is the expected outcome at the end of the course of care? On a scale of 1-10 (please circle, 1 being lowest, 10 highest)

1      2      3      4      5      6      7      8      9      10

### Sessions 2 – 6 (Treatment)

Rate the client's condition at the end of the sixth session (functional ability): On a scale of 1-10 (please circle, 1 being lowest, 10 highest)

1      2      3      4      5      6      7      8      9      10

Does the client require further sessions?  Yes  No

Reason, including the number of sessions recommended (up to a maximum of 6):

What is the expected outcome at the end of the extended course of care? On a scale of 1-10 (please circle, 1 being lowest, 10 highest)

1      2      3      4      5      6      7      8      9      10

### Sessions 7 – 12 (Treatment)

Rate the client's condition at the end of the final session (functional ability): On a scale of 1-10 (please circle, 1 being lowest, 10 highest)

1      2      3      4      5      6      7      8      9      10

### Further Treatment (under exceptional circumstances)

Does the client require another referral?  Yes  No

Reason, including the number of sessions recommended (up to a maximum of 6) explaining the exceptional circumstances requiring the sessions:

## DISCHARGE

### Assessment Tool Used

Outcome reports (including discharge summary) were provided to GP?  Yes  No

If there is a clinical tool for scoring this particular condition, what were the pre and post treatment scores?

Name of tool: \_\_\_\_\_ Score prior to treatment: \_\_\_\_\_ Score post treatment: \_\_\_\_\_