# MULTIPLE CONTACT SHEET

**Campus Name:**

**Subcentre: Clinician Name:**

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| 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) |
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| **Statewide / Local UR**   1. Statewide UR 2. Local UR   **Contact Type**   * 1. Client   2. Unregistered   3. Community   4. 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  1. Other Synchronous 2. Other asynchronous   **Service Location**   1. Other 2. Centre based 3. Community based mental health service 4. Mental health inpatient service 5. Client’s own environment 6. Non-psychiatric health or welfare service 7. Private psychiatric service or PDSS 8. Emergency department 9. Public hospital – excl MH ward 10. Private psychiatric hospital 11. Private practitioner’s rooms 12. ) Psychiatric disability rehabilitation support service - (PDRSS   / MHCSS)   1. Community care unit (CCU) 2. Aged persons mental health residential service 3. Generic aged care residential service 4. Alcohol and drug treatment service 5. Prevention and recovery centre (PARC) 6. Early years setting 7. Educational institutions 8. Child first/family services 9. Out of home care 10. Youth specific services 11. Housing and/or support agency 12. Police facilities 13. Courts 14. Prison | **Service Location (continued)**   1. Mental health & AOD hub 2. Prior/during transport to AMHS 3. 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   1. InterAMHS planning 2. DMHS Service Development 3. Client & Compulsory Notification List 4. Client, Family & Compulsory Notification List 5. Compulsory Notification 6. Family & Compulsory Notification List 7. Magistrate 8. Area Mental Health Service 9. CCS/Court Assessment & Prosecution Services (CAPS) 10. Koorie Court Officer 11. Youth Justice Court Adviser Service (YJCAS) 12. National Disability Insurance Agency (NDIA) 13. National Disability Insurance Scheme Provider (NDIS) 14. eMental Health Service Provider 15. ) Pharmacy Services 16. Custodial Health Service 17. Carer 18. ) Primary Mental Health Service 19. Victorian Aboriginal Child Care Agency 20. 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 |