# 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 (ofservice recipient) OR COMMENTS | Research 1 | Research 2 | Research 3 | Surname | Given Name | Date of birth (unregistered) | Sex (unregis- tered) |
|  |  | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
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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 Local99) 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 Group50) Urgent Care Centre | **Service Recipient (continued)**55) Mental Health & Wellbeing Local1. 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
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