



**Access TO Allied Psychological Services (ATAPS)
2008-09
BETTER OUTCOMES IN MENTAL HEALTH CARE (BOiMHC)**

**Allied Health Professional
Feedback Form**

Minimum Data Set (MDS) Report. Please complete all fields and return to ESDGP after 6 sessions are complete, or therapy has ceased.

Unique Identifier #

Session no:	Session no:	Session no:	Session no:	Session no:	Session no:
Date of session:	Date of session:	Date of session:	Date of session:	Date of session:	Date of session:
Type(s) of therapy provided: (see below *)	Type(s) of therapy provided: (see below *)	Type(s) of therapy provided: (see below *)	Type(s) of therapy provided: (see below *)	Type(s) of therapy provided: (see below *)	Type(s) of therapy provided: (see below *)
Was a co-payment collected? <input type="checkbox"/> Yes Amount: <input type="checkbox"/> No	Was a co-payment collected? <input type="checkbox"/> Yes Amount: <input type="checkbox"/> No	Was a co-payment collected? <input type="checkbox"/> Yes Amount: <input type="checkbox"/> No	Was a co-payment collected? <input type="checkbox"/> Yes Amount: <input type="checkbox"/> No	Was a co-payment collected? <input type="checkbox"/> Yes Amount: <input type="checkbox"/> No	Was a co-payment collected? <input type="checkbox"/> Yes Amount: <input type="checkbox"/> No

* Therapy used: **1** = Diagnostic Assessment; **2** = Psycho-education; **3** = Interpersonal Therapy; **4** = Behavioural interventions; **5** = Cognitive interventions; **6** = Relaxation Strategies; **7** = Skills Training; **8** = Other CBT interventions (please specify); **9** = Other (please specify)

Results of patient outcome measures using DASS 21:

DASS subscales	Initial score – 1 st consultation	Post score – 6 th consultation
Depression		
Anxiety		
Stress		

Did you recommend additional sessions? Yes/No

If Yes, why? _____

Please sign _____

Name _____

**PLEASE ATTACH TO YOUR FINAL INVOICE AND RETURN TO EASTERN SYDNEY DIVISION OF GENERAL PRACTICE
MH PROGRAM OFFICER SUITE 103, LEVEL 1, 35 SPRING ST BONDI JUNCTION 2022 FAX: 9387 4175**