

Patient Data Collection Form

Unique Identifier:

GP:

Referral Date:

K10 score:

Year of Birth:

Gender: F / M

Patient Postcode:

GP Postcode:

Primary Language:

If not English, please indicate English level:

Education level:

(Circle relevant)

Year 10

Year 12

Tafe

Tertiary

Aboriginal

Yes / No / Unknown

Torres Straight Islander

Yes / No / Unknown

Lives Alone

Yes / No / Unknown

Low Income Earner

Yes / No / Unknown

Prior Mental Health Care

Yes / No / Unknown

ICD-10 Primary Care Diagnostic Categories

Alcohol & Drug Use

Psychotic Disorders

Depression

Anxiety Disorders

Unexplained

Other Diagnosis _____

Referred for which strategies

Diagnostic Assessment

Psych-education

Interpersonal Therapy

Other _____

Cognitive-behavioural therapy:

Behavioural interventions

Relaxation strategies

Cognitive interventions

Skills training

Other CBT interventions

Receiving psychotropic medication:

Benzodiazepines & Anxiolytics

Antidepressants

Phenothiazines & Tranquilisers

Mood stabilisers

Fax to: MH Program Officer at ESDGP 9387 4175