

Primary Mental Health Care Data Report

Please return with invoice to: Mental Health Team, Wentworth Healthcare Bldg BR Level 1, Suite 1 Locked Bag 1797, PENRITH NSW 2751 or ataps@nbmphn.com.au



Date of Referral	Client initials	Client year of birth	Client postcode	Referral code

Referrer: <input type="checkbox"/> GP <input type="checkbox"/> Paediatrician <input type="checkbox"/> Psychiatrist	Referrer name:	AHP Name:
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Client Demographic Data (required at 1st session only)

1. Main Language spoken at home: <input type="checkbox"/> English <input type="checkbox"/> Other (Specify): If other: How well does client speak English? <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not well at all	2. Aboriginal or Torres St Islander <input type="checkbox"/> Both <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Neither
3. Country of birth:	4. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
5. Marital status: <input type="checkbox"/> Never married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Married (registered and de facto)	6. Labour Force status: <input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed-Part time <input type="checkbox"/> Unemployed <input type="checkbox"/> N/A- Not in the labour force
7. Source of income: <input type="checkbox"/> Disability Support Pension <input type="checkbox"/> Other pension or benefit <input type="checkbox"/> Paid Employment <input type="checkbox"/> Compensation payments <input type="checkbox"/> Other (e.g. Superannuation, investments etc.) <input type="checkbox"/> Nil income <input type="checkbox"/> Not know	8. Residential Status: <input type="checkbox"/> Not Homeless <input type="checkbox"/> Sleeping rough or non-conventional accomadation <input type="checkbox"/> Short-term or emergency accommodation <input type="checkbox"/> Residential aged care

9. Health Care Card: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	10. GP Mental Health Treatment plan: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	11. NDIS Participant: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
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12. Principle diagnosis (select one): <input type="checkbox"/> Generalised Anxiety Disorder <input type="checkbox"/> OCD <input type="checkbox"/> PTSD <input type="checkbox"/> Separation anxiety <input type="checkbox"/> Major Depressive disorder <input type="checkbox"/> Bipolar disorder <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Eating disorder <input type="checkbox"/> Personality disorder <input type="checkbox"/> Attention Deficit Hyperactivity Disorder <input type="checkbox"/> Oppositional Defiant Disorder <input type="checkbox"/> Other (please refer to PMHC MDS list):

13. Additional Diagnosis (Select one): <input type="checkbox"/> Generalised Anxiety Disorder <input type="checkbox"/> OCD <input type="checkbox"/> PTSD <input type="checkbox"/> Separation anxiety <input type="checkbox"/> Major Depressive disorder <input type="checkbox"/> Bipolar disorder <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Eating disorder <input type="checkbox"/> Personality disorder <input type="checkbox"/> Attention Deficit Hyperactivity Disorder <input type="checkbox"/> Oppositional Defiant Disorder <input type="checkbox"/> Other (please refer to PMHC MDS list):
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14. Medication: <input type="checkbox"/> None <input type="checkbox"/> Antipsychotics <input type="checkbox"/> Anxiolytics <input type="checkbox"/> Hypnotics and sedative <input type="checkbox"/> Psychostimulants and Nootropics <input type="checkbox"/> Antidepressants (SSRI'S, SNRI'S, TCA'S)
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15. Has the individual had a recent history of suicide attempt or suicide risk? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
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16. Disaster funding: Does the patient have high levels of distress resulting from either <input type="checkbox"/> Bushfire <input type="checkbox"/> Flood

Client Session Data

Service number	Service date	Service Duration (minutes)	Service contact type Main Service (1 code only) See codes 1-4 or DNA	Contact Modality 1.Face to face 2.Phone 3. Video 4. Internet 5. DNA	Venue 1. Client home 2. AHP office 3. GP practice 4. Other (specify) 5. N/A (not face to face)	Participants: 1. Individual client 2. Client group 3. Family/client support network 4. Other health professional	Service Postcode	Client participated (Yes/No)	Interpreter used: (Yes/no)	Co-payment
										<input type="checkbox"/> Yes \$ ___ <input type="checkbox"/> No
										<input type="checkbox"/> Yes \$ ___ <input type="checkbox"/> No
										<input type="checkbox"/> Yes \$ ___ <input type="checkbox"/> No
										<input type="checkbox"/> Yes \$ ___ <input type="checkbox"/> No
										<input type="checkbox"/> Yes \$ ___ <input type="checkbox"/> No
										<input type="checkbox"/> Yes \$ ___ <input type="checkbox"/> No

Outcome Tool used by service provider: <input type="checkbox"/> K10 <input type="checkbox"/> K10+ <input type="checkbox"/> K5 <input type="checkbox"/> SDQ (version:	SDQ Pre-score and date Date: 1. Emotional problems Scale: 2. Conduct problems scale: 3. Hyperactivity scale: 4. Peer problems scale: 5. Prosocial scale: 6. Impact Score: 7. Total Score:	SDQ Post score and date Date: 1. Emotional problems Scale: 2. Conduct problems scale: 3. Hyperactivity scale: 4. Peer problems scale: 5. Prosocial scale: 6. Impact Score: 7. Total Score:
K10 Pre-score DATE: / / Score:	K10 Post score: DATE: / / Score:	

Referral Completion

Following the final session (or at conclusion of treatment) in what way did the referral conclude? <input type="checkbox"/> Treatment concluded <input type="checkbox"/> Client could not be contacted <input type="checkbox"/> Client declined further contact <input type="checkbox"/> Client moved out of the area <input type="checkbox"/> Client referred elsewhere <input type="checkbox"/> Further treatment recommended	Signature of AHP to confirm final report sent to the referrer:
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Service contact Type: 1= Assessment 2= Structured psychological intervention (e.g. Psychoeducation, CBT) 3= Other Psychological intervention 4= Clinical care coordination
 DNA= Client Did Not Attend

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PMHC: Updated Principal Diagnosis List 2020

The Principal Diagnosis is the diagnosis established after study to be chiefly responsible for occasioning the client's care during the current Episode of Care.

100:	Anxiety disorders (ATAPS)	400:	Psychotic disorders (ATAPS)
101:	Panic disorder	401:	Schizophrenia
102:	Agoraphobia	402:	Schizoaffective disorder
103:	Social phobia	403:	Brief psychotic disorder
104:	Generalised anxiety disorder	404:	Other psychotic disorder
105:	Obsessive-compulsive disorder	501:	Separation anxiety disorder
106:	Post-traumatic stress disorder	502:	Attention deficit hyperactivity disorder (ADHD)
107:	Acute stress disorder	503:	Conduct disorder
108:	Other anxiety disorder	504:	Oppositional defiant disorder
200:	Affective (Mood) disorders (ATAPS)	505:	Pervasive developmental disorder
201:	Major depressive disorder	506:	Other disorder of childhood and adolescence
202:	Dysthymia	601:	Adjustment disorder
203:	Depressive disorder NOS	602:	Eating disorder
204:	Bipolar disorder	603:	Somatoform disorder
205:	Cyclothymic disorder	604:	Personality disorder
206:	Other affective disorder	605:	Other mental disorder
300:	Substance use disorders (ATAPS)	901:	Anxiety symptoms
301:	Alcohol harmful use	902:	Depressive symptoms
302:	Alcohol dependence	903:	Mixed anxiety and depressive symptoms
303:	Other drug harmful use	904:	Stress related
304:	Other drug dependence	905:	Other
305:	Other substance use disorder	999:	Missing

Diagnoses are grouped into 8 major categories (9 for Additional Diagnosis):
000 - No additional diagnosis (Additional Diagnosis only)

1xx	Anxiety disorders	5xx	Disorders with onset occurring in childhood and not listed anywhere else
2xx	Affective (mood) disorders	6xx	Other mental disorders
3xx	Substance use disorders	9xx	(except 999) No formal mental disorder but sub-syndromal problems
4xx	Psychotic disorders	999	Missing or unknown