

PSYCHOLOGICAL ACCESS+ REPORT – FINAL

Please send a report to the referring GP after the final session

Patient Information:

Patient Name:	DOB:
Referring GP:	Number of Service Contacts:
Date of 1st Service Contact:	Date of last Service Contact:
Further Service recommended: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Group <input type="checkbox"/> Individual <input type="checkbox"/>

Focussed Psychological Strategies provided: (Please tick)

Assessment <input type="checkbox"/>	Cognitive Analysis <input type="checkbox"/>	Interpersonal Therapy <input type="checkbox"/>
Motivational Interviewing <input type="checkbox"/>	Psycho-Education <input type="checkbox"/>	Social Skills Training <input type="checkbox"/>
Stress Management <input type="checkbox"/>	Parent Management <input type="checkbox"/>	Relaxation Strategies <input type="checkbox"/>
Exposure Techniques <input type="checkbox"/>	Anger Management <input type="checkbox"/>	Self Instructional Training <input type="checkbox"/>
Problem Solving <input type="checkbox"/>	Activity Scheduling <input type="checkbox"/>	Behaviour Modification <input type="checkbox"/>
Attention Regulation <input type="checkbox"/>	Communication Training <input type="checkbox"/>	Narrative Therapy <input type="checkbox"/>
Mindfulness <input type="checkbox"/>	Other (please specify):	

Session Information:

Presenting Problems	
Summary of psychological interventions/focussed strategies	

Progress/Outcomes (including pre and post K10)	
Continuing problems/concerns (including any obstacles to treatment eg. failure of patient to attend session)	

Recommendations:

To review overall progress with you	<input type="checkbox"/>	To continue to implement skills learnt in the sessions	<input type="checkbox"/>
To continue to monitor medication needs with you	<input type="checkbox"/>	To pursue additional psychological treatment	<input type="checkbox"/>
Comments:			

Psychological Service Provider details:

Name:	
Contact Number:	
Fax:	

The information I have provided on this form is a true and accurate record of services provided to me:

Signed:

Date:
