

# PSYCHOLOGICAL ACCESS+ REPORT – INITIAL

Please send a report to the referring GP after the initial session.

**Patient Information:**

Patient Name:	DOB:
Patient Referral ID:	Referring GP:
Date of 1st Service Contact:	

**Psychological Measurement:** (Please tick)

<input type="checkbox"/> K10+ (Adults)	
<input type="checkbox"/> K5 (Adults identifying as Aboriginal and/or Torres strait Islander)	
<input type="checkbox"/> SDQ (Parent Report Measure for ages 4-10/11-17 or Youth Self Report Measure 11-17)	

**Session Information:**

Initial assessment findings: (incl. Co-morbidity if any)	
Results and interpretation of standard measures:	
Presenting Problem (including background history)	
Suggested Treatment Plan:	
<b>Recommendations</b> for future appointments:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, recommendation for future pathway:	

**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: \_\_\_\_\_