

First Things First

Running out of forms? Make sure you take photocopies BEFORE you start, or download the form at <http://boimhc.org/forms/>

ⓘ Please complete during or immediately after making the first phone contact with a new client.

Key Information

Referral Date
(This is not the session date)
Patient Key
Allied Health Provider Code

ⓘ Key Information items correspond to ATAPS MDS information and are to be obtained from your Division.

When you are finished fax the form to: **03 8677 2950**
or send to: **Strategic Data, PO Box 1166, Carlton Victoria 3053** (Postage Paid Strategic Data envelopes are provided).

Let's go!

Before Treatment Information

Date of initial phone contact to arrange session 1 appointment:

Is the client suitable for T-CBT? [Consider language, literacy, hearing or other disability, technology issues etc.] yes no

If no, why not?

What is the client's preference for modality of homework communication? [Tick one only]

post email fax other

Where did you make this call from? [Tick one only]

Consulting rooms Division of General Practice office Home Other

Reminder!

- Send DASS to client and request to send back before initial session
- Request client to record date DASS complete

First Things First

Running out of forms? Make sure you take photocopies BEFORE you start, or download the form at <http://boimhc.org/forms/>

ⓘ Please complete during or immediately after each session.

Key Information

Referral Date
(This is not the session date)
Patient Key
Allied Health Provider Code

ⓘ Key Information items correspond to ATAPS MDS information and are to be obtained from your Division.

When you are finished fax the form to: **03 8677 2950**
or send to: **Strategic Data, PO Box 1166, Carlton Victoria 3053** (Postage Paid Strategic Data envelopes are provided).

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Session Number:

Session Date:

Session modality [Tick only one]: telephone videoconference face-to-face

If face-to-face, please tick the most appropriate reason [Tick only one]

Clinically indicated (therapist suggestion) Client Preference, wanted to meet therapist,
 Client Preference, client was in the area Other

Client unable to be contacted [Tick if appropriate]:

Session duration [Tick only one]: 0 – 30 min 31 – 45 min 46 – 60 min over 60 min

Co-payment amount [If not applicable, please record \$0]:

Type of session [Tick only one]: individual group

Session goals [Specify]:

Did the client complete the homework assigned at the previous session? [Tick only one]

yes no not applicable

If no, why not? No time Forgot Didn't understand Didn't receive Other

Interventions employed [Multiple responses permitted]

Diagnostic assessment

Psychoeducation:

Depression Anxiety Medication CBT Other

Relaxation strategies:

PMR (Progressive Muscle Relaxation) Applied relaxation Autogenic training

Guided imagery Other

Cognitive interventions: [Multiple responses permitted]

Cognitive restructuring (thoughts): Identifying thinking errors Challenging thinking errors

Cognitive restructuring (schemas): Identifying maladaptive assumptions Challenging maladaptive assumptions

Other

Behavioural interventions:

Activity scheduling Stimulus control Graded exposure

Breathing retraining Sleep hygiene Exposure and response prevention behavioural experiments

Diversion techniques Other

Skills training:

Time management Problem solving Social skills training

Communication training (including assertiveness training) Stress management Anger management Parent training

Interpersonal therapy

Other

Homework assigned [Tick whatever is appropriate in each group]

Monitoring

If monitoring, specify:

Emotions Thoughts Behaviour Other

Reading

Relaxation

Identifying unhelpful thoughts

Challenging unhelpful thoughts

Activity Scheduling

Exposure task

Behaviour modification task

Skills practice

Other

Homework sheets

Homework sheets sent to client: yes no

Client engagement

In your opinion, how engaged was the client in this session?

[Please circle the appropriate number on the scale

0 = not at all engaged 10 = extremely engaged]

Provision of material

How did you provide the client with written material for this session? [Multiple responses permitted]

n/a post email fax Other

Time of completion of the form

When did you complete evaluation data requirements for this session? [Tick only one]

During session After session During and after session

Call made from [Tick one only]

Where did you make this call from? [Tick one only]

Consulting rooms Division of General Practice office Home Other

Were there any problems with session delivery via telephone? [Specify]

Comments

Do you have any comments or feedback about recording evaluation data?

- ⓘ If this is the initial session, please complete Section A overleaf.
If this is the final session, please complete Section B overleaf.

Reminder!

- If this is your second last session, please don't forget to:
send DASS, so that the client can complete it at the last session,
send T-CBT Experience Survey with a Postage Paid Strategic Data envelope.

Section A: Initial Session Information Only

What are the overall treatment goals? [Specify]

Was an Assessment and Treatment Plan Report sent to referring GP? yes no

Before treatment DASS scores: Depression Anxiety Stress OR Client did not return.

Section B: Final Session Information Only

! please complete, even if this is the final session of a referral and the client is likely to be referred after review for a further 6 sessions.

Was this session... [Tick one only]

- Session 6 Session 12
 The final session by mutual agreement (i.e. therapy complete).
 The final session because the client chose to discontinue (e.g. client lost to follow up).

Outcomes

Were the treatment goals...

completely achieved partially achieved not achieved

If the goals were partially or not achieved, please specify reason:

Do you believe that this client would benefit from additional sessions? yes no

Did you refer the client to other services? yes no

If yes, specify services

After treatment DASS scores: Depression Anxiety Stress OR Client did not return.

Reminder!

- Remind client to return DASS to you and the Client T-CBT Experience Survey to the Evaluation Team ASAP!
- Remember to record the post-intervention DASS scores when the client returns it to you!