

Client Closure Form Sessions 1-6

Please ensure the patient signs this form after each session. Complete the required data and fax this form with each invoice to EMPHN on secure fax no. **8678 3857**. Please note all invoices must be claimed within 15 days of delivering the session.

AHP name:	GP name:	Patient name:	Referral ID number:
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Purchase order expiry date:

Session no. and date	1) ___/___/___	2) ___/___/___	3) ___/___/___	4) ___/___/___	5) ___/___/___	6) ___/___/___
Duration/DNA						
Type of FPS provided						
Diagnostic assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psycho-education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBT - behavioural interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBT - cognitive interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBT - relaxation strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBT - skills training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other CBT intervention: (please indicate)						
Other: (please indicate)						
Patient's signature						
AHPs signature						
Invoice number						

TREATMENT CONCLUSION: (Please complete measurement tool used and record score at first session. Complete other data at last session.)

Measurement tool used:	Score at first session:	Score at last session:	Discharge plan in place? <input type="checkbox"/> Yes <input type="checkbox"/> No
Assessment feedback form sent to GP by the end of the second session? <input type="checkbox"/> Yes <input type="checkbox"/> No	Outcome report sent to GP at the end of six/last session? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the patient prompted to return to their GP for review? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the patient require more treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No
How is this referral completed? <input type="checkbox"/> Patient refused treatment		<input type="checkbox"/> Treatment complete <input type="checkbox"/> Patient referred elsewhere	<input type="checkbox"/> Treatment incomplete but referral closed <input type="checkbox"/> Patient cannot be contacted