



**FAX: 3272 7595**

**Better Outcomes in Mental Health – Allied Health Project  
Patient Review Form**

When you have reviewed your patient following a block of treatment from an Allied Health Professional please complete and fax to:

**Brisbane South Division**

Patient Name:.....

Date of Review:.....

GAF Score at Review:.....

K10 Score at Review:.....

Edinburgh Score at Review:.....

Patient referred for second block of treatment: Yes  No

If yes please forward a copy of the Mental Health Review to the provider and indicate on the form that you are referring for a second treatment block.

If you have any questions about the re-referring patients for treatment please contact the Mental Health Project Manager at Brisbane South Division on 3274 1886.

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