



Appointment Report

Complete this form whenever a client has a health or legal appointment. Tick the relevant below.

<input type="checkbox"/> Health – All appointments; GP, psychologist, psychiatrist, physiotherapist, occupational therapy etc	<input type="checkbox"/> Legal – Appointments with lawyers, in court, court appointed assessments	<input type="checkbox"/> Financial – Appointments with lawyers, in court, court appointed assessments	<input type="checkbox"/> Other – all other appointments
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Appointment Details

Date:		Time:		Participant:	
Appointment With:					
Appointment Location:					
Name of Attending Staff Member (s):					

Describe the details of the appointment:

Please describe the purpose of the appointment and what is hoped to be achieved by the participant.

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Any Issues of Concerns Experienced?

Include any issues outside of expected outcomes; any behaviours that impacted or issues with the process that made the appointment difficult. IF THE APPOINTMENT WAS NOT ACHIEVED, PLEASE EXPLAIN WHY.

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Detail Required Follow-up

Detail any further appointments required as a follow-up from this appointment. Include date, time, location, person meeting with, and if possible the purpose of the appointment.

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Additional Information

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CHECK LIST (All boxes below need to be checked and the corresponding tasks completed)

- All relevant information has been added to the diary in the office.
- This form has been saved on the computer in OneDrive in the folder "Appointment Reports" and dated properly.
- Any relevant information has been added to the communication book in the office.