

RPHS End of Month Reporting

(To be sent with EOM invoice and data)

Month: .....

Service Provider: .....

All AHP's conducting RPHS clinics are registered as a 'My Health Record' user.	
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Number of Clinical Incidents:	
Number of feedback forms given out:	
Number of feedback forms received (please attach):	
Number of clients who have refused to sign the consent form or parts of their consent form:	
Number of compliments received (please attach) :	
Number of complaints received (please attach):	
Number of 'My Health Record' pamphlets given to/taken by clients:	