

THE FOLLOWING IS A TYPED FORMAT OF ABOVE MEDICAL REPORT

PATIENT REQUEST FORM dated 2/10/2007.

Personal issues, Concerns felt, need Attention: - "Currently in a profound state".

HM PRISON BARWON

***SERVICE APPLICATION FORM**

Entered on DB 11

PERSONAL DETAILS:

Date: 9/10/07 Unit: Bombardier EED/EDD: _____

Name: BINSE Christopher CRN: 43517

Case Worker: [REDACTED] JAID: (staff use only) _____

DOB: 7.10.1968

APPLICATION SOURCE: (Who, where)

Unit: MEDICAL

Name: [REDACTED]

Position: [REDACTED]

Contact Extension: [REDACTED]

DEPT OF JUSTICE VIC.
RELEASED UNDER FOI

APPLICATION TO (tick applicable service)

Individual Counselling:

Cognitive Skills:

Violence Intervention:

Relaxation information:

Exploring Change:

REASON FOR APPLICATION:

Feeling depressed, Bob was attacked by
co-prisoner - has signs that he is
Difficultly sleeping & getting the memories
out of mind. Impacting on all areas of
life.

Relevant Information: (staff use only)

Tier One: Yes No

Level of Risk: Low Mod High (Please Tick)

Tier 1. Program Recommendations: Cog skills D/A Violence

Stage of Change: Pre-contemplation; Contemplation; Preparation; Action; Maintenance (Please Circle)

Comments: _____

Clinicians: [REDACTED]

*Please note: Completed forms to be returned to the Programs Security Officer in the Programs area. Applicant will be contacted by a clinician and will be interviewed regarding suitability of service provision. If you wish to discuss this matter further please contact Clinical Services on ext: 327.

4/01/2007

Has picked up Chris ✓

4/2/08