

AOD – Treatment Agency Report Feedback

1. The Report Feedback form can be accessed from the client’s treatment service file, in the same location as TCA, Extension, and Variation documents.

**Service Event** back delete edit Portal Play  
Fri 07-Apr-2017

**Fri 07-Apr-2017 10:00 am 60 minutes**

Service Event ID 697873      Case TEST CASE (82949)  
 Description Counsellor 1      **Service AOD - Counselling Complex** (25)  
 Status 0-Booked      Start Time 07-Apr-2017 10:00 am  
 Type Client Contact      End Time 07-Apr-2017 11:00 am  
 Site ACSO Central Office

**Documents**

Form	Date
AOD - Treatment Ager	07-Apr-2017

Select Document  Add New Document  Print Blank Document

Select Document

**Forms**

**AOD - Treatment Agency Report Feedback**

COATS - Comms from Case Manager  
 COATS - Comms from Tx Agency  
 COATS - Progress  
 COATS - TCA Payment  
 Extension  
 Portal - Update Client Details  
 TCA Clinical Outcomes  
 Variations

**Letters**

COATS - Client TX appointment Letter  
 COATS - Client TX appointment Letter Alt Address

2. After selecting the Report Feedback document, you will be prompted to select your client’s name in the ‘event attendee’ list. You may leave the *Document Description* field blank.

**Add Document**

**Document**

AOD - Treatment Agency Report Feedback

Document Date 07/04/2017

For Event Attendee -Select-

Document Description -Select-  
**TEST 8, TEST 8**

cancel back update next finish

3. Complete specific feedback as prompted:

ALCOHOL AND DRUG TREATMENT AGENCY REPORT FEEDBACK					
<i>COATS assessors endeavour to provide Alcohol and Drug Treatment Agencies with reports that provide useful pre-treatment information. Should you wish to provide specific feedback, please complete this document.</i>					
The Report and Individual Treatment Plan were:					
	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
Clearly expressed:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Useful in providing pre-treatment information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

**Strengths of the Report**

**Opportunities for improvement**

**Other Comments**

4. Management will be notified when a feedback form is submitted. If you would like us to get in touch with you to discuss your feedback, simply let us know:

Should you wish to discuss your feedback, please provide contact details below:	<input type="radio"/> I do not wish to be contacted to discuss my feedback
	<input type="radio"/> Yes, please contact me to discuss

5. Hit Finish to Submit your feedback!

cancel	back	update	next	<b>finish</b>
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