

Rehabilitation services



State Insurance
Regulatory Authority

For use with CTP personal injury claims

Insert image of company logo

Go to Insert/Picture. Select your logo and click 'Insert'.

(Only use .jpg, .gif, .png or .tif files.)

Date of request (DD/MM/YYYY)

Rehabilitation plan number (if relevant)

Type of rehabilitation services report (mark one box only)

Assessment report only

Progress report only

Vocational assessment

Workplace assessment

Assessment report and rehabilitation plan

Progress report and rehabilitation plan

Case closure

Section 1: Injured person's details

Injured person's name

Date of birth (DD/MM/YYYY)

Telephone number

Claim information

Insurer

Claim number

Date of accident (DD/MM/YYYY)

Section 2: Reasons for this referral

Provide a brief description of the reason for this referral as discussed with the insurer. (For example, to assess return to work needs, review treatment program and needs, etc.)

Section 3: Background information

Only include information that is additional to the referral information. (For subsequent plans, only include new or changed information.)

Details of any pre-existing factor(s) directly relevant to the compensable injury.

Section 4: Assessment/review

Date (DD/MM/YYYY)

Location/situation of assessment/review

Others involved/present

Diagnosis/injury

Provided by (report or other source)

Medication - Only complete if relevant.

Medication	Dosage	Frequency	Date commenced	Response	Current (Y/N)

Comment on current medication (only if required.)

Treatment overview - At the initial assessment, describe the treatment since injury. At subsequent reviews, describe treatment since the last plan.

Treatment type, provider name and contact	Summary of treatment (modality, frequency and total amount to date)	Benefit reported by injured person and treatment provider	Comment

Report on outcome/objective measures - Only complete if used.

Outcome/objective measure	Score at initial assessment	Score at last review	Score at this review	Comment

Additional information on outcome/objective measure(s).

If needed, click [here](#) to add an image(s). Go to Insert/Picture. Select your image and click 'Insert'. Only use .jpg, .gif, .png or .tif files.

Section 5: Capacity

Please mark the areas/domains that the injury is impacting capacity as identified at assessment. (Note: For subsequent plans, only include information about capacity at the time of the progress report.) Detailed information about each of these areas/domains is included below.

Home	Community	Work/study	Other
<input type="checkbox"/> Personal care	<input type="checkbox"/> Access	<input type="checkbox"/> Role	
<input type="checkbox"/> Domestic care	<input type="checkbox"/> Driving	<input type="checkbox"/> Duties/tasks	
<input type="checkbox"/> Caring/family	<input type="checkbox"/> Recreation/leisure	<input type="checkbox"/> Full/part-time	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	

Domain		
Pre-injury capacity	Capacity at last review (not applicable if initial assessment)	Capacity at assessment/this review

If you wish to add another domain, right click on the last cell in the table and select Insert/Insert rows below.

Impairment level – Only provide information on factor(s) relevant to the injured person's injury, recovery, treatment and reason for this referral.

Physical factors – For example, range of motion, pain, tolerance for sitting etc.

Physical factor	Pre-injury	Current status as reported/observed

Personal factors – For example, psychological and psychosocial factors such as beliefs, ways of coping, financial matters etc.

Personal factor	Pre-injury	Current status as reported/observed

Environmental factors – For example, the physical, social and/or cultural environment in which the injured person lives and works etc.

Environmental factor	Pre-injury	Current status as reported/observed

Additional information – For example, a detailed description of the home or work environment, vocational assessment etc.

If needed, click [here](#) to add an image(s). Go to Insert/Picture. Select your image and click 'Insert'. Only use .jpg, .gif, .png or .tif files.

Has the injured person progressed as anticipated? At the initial assessment, report on progress since injury. At subsequent reviews report on the progress since the last review.

Yes No

If no, what barriers have been identified and what do you recommend to address these barriers?

Capacity area/domain impacted	Potential barrier identified	Strategy(ies) to address barrier

Section 6: Recommendations

Report only Rehabilitation plan Case closure

Summary

For assessment/review or case closure, please go to Section 9: Service provider details.
For rehabilitation plan, complete Sections 7, 8 and 9.

Section 7: Rehabilitation plan

Rehabilitation plan start date (DD/MM/YYYY)

Rehabilitation plan start date (DD/MM/YYYY)

Number of weeks

Rehabilitation plan number (if relevant)

Work and/or functional goal(s) for this plan period

SMART goal(s) – Specific, Measurable, Achievable, Relevant and Timed.

Goals may be long term. If so, only include steps that will be achieved during this plan period.

Include services being requested by other providers to achieve the goal under the ‘Service provider’s action plan’. (For example, physiotherapy as per request from [provider name].)

Injured person’s goal 1

Injured person’s steps (to achieve in the plan period)	Injured person’s action plan (self-management strategies)	Service provider’s action plan

Additional rehabilitation services - Outline the services that are not addressed in the ‘service provider actions’ and will be required to achieve the goal(s). (For example, case management, report writing, case conference and provider travel.)

Rehabilitation service(s) not listed above	Rationale

Additional information to explain the plan - Only required if there is relevant information that is not already included in the plan.

This request was completed in consultation with the injured person who agreed to the plan.

Yes No

Anticipated date of discharge or completion of this plan (DD/MM/YYYY)

Section 8: Services requested

Include all services being requested by the provider completing the rehabilitation services request only. Services required by other providers to achieve the goals as noted under the ‘Service provider’s action plan’ are to be requested separately by those providers.

Service type	Number of hours	Frequency/ timeframe	Code (if applicable)	Unit cost/ specify	Total (inc. GST)
Total cost of plan					

Rehabilitation plan justification

I declare that the services requested in this plan are:

Related to MVA injury(ies) The most appropriate option (having considered alternatives)

Cost effective

To be delivered by providers with relevant qualification and experience

Section 9: Service provider details

Service provider name

Practice name

Suburb

State

Postcode

Telephone number

Best time/day to contact

Email

Insert image of signature

Go to Insert/Picture. Select your signature image and click 'Insert'.
(Only use .jpg, .gif, .png or .tif files.)

Date (DD/MM/YYYY)

Section 10: Insurer decision

Approved

Declined

Partially approved

If declined or partially approved, provide reasons.

Decision maker's name

Telephone number

Insert image of signature

Go to Insert/Picture. Select your signature image and click 'Insert'.
(Only use .jpg, .gif, .png or .tif files.)

Date (DD/MM/YYYY)

Catalogue No. **SIRA08041_docx**.
State Insurance Regulatory Authority
Level 6, 2-24 Rawson Pl, Haymarket NSW 2000
General phone enquiries 1300 137 131
Claims Advisory Service 1300 656 919
Website www.sira.nsw.gov.au
© Copyright State Insurance Regulatory Authority 0417