

# Allied health treatment request

To be used by allied health practitioners working with NSW workers compensation and Compulsory Third Party (CTP) claims.

## How do I complete this form?

1. Complete each section with the person with an injury
2. Sign the form
3. Submit the form to the insurer managing the person's claim

Once submitted, insurers have:

- 21 days to make a decision about treatment requests in the workers compensation scheme (except for services specified in Table 4.1 and 4.2 of the [Workers compensation guidelines](#))
- 10 days to make a decision about treatment requests in the CTP scheme.

## Where do I go for help?

Read the Allied health treatment request explanatory notes at: [sira.nsw.gov.au/ahtr](https://sira.nsw.gov.au/ahtr)

|   |   |                                       |   |
|---|---|---------------------------------------|---|
| Request number                                | <input type="text" value="1"/>            | Date of request (DD/MM/YYYY)          | <input type="text" value="25/06/2023"/>   |
| This is the number of request forms submitted |   |                                       |   |
| Date services first commenced (DD/MM/YYYY)    | <input type="text" value="30/03/2023"/>   | Total number of consultations to date | <input type="text" value="7"/>            |
| Your allied health discipline                 | <input type="text" value="Psychologist"/> | Other                                 | <input type="text"/>                      |
| Referred by                                   | <input type="text" value="Dr Mend"/>      | Phone number                          | <input type="text" value="02 9999 9999"/> |

## Section 1: Details of person with an injury

|                       |  |                                      |   |
|-----------------------|--|--------------------------------------|---|
| Name                  | <input type="text" value="Andrew John"/>                       | Date of birth (DD/MM/YYYY)           | <input type="text" value="02/04/1973"/> |
| Pre-injury occupation | <input type="text" value="Manages own retail clothing store"/> | Pre-injury work hours/week (average) | <input type="text" value="48"/>         |
| Claim number          | <input type="text" value="5678123456"/>                        | Date of injury/crash (DD/MM/YYYY)    | <input type="text" value="10/01/2023"/> |

## Section 2: Your clinical assessment

### Compensable injury/illness

Mr John has developed symptoms of Post Traumatic Stress Disorder and there was delayed physical recovery as a result a serious motor vehicle accident while travelling to a work meeting.

### Current clinical signs and symptoms

Sleep is still variable and much of this relates to pain. When he sleeps poorly, there is an increase in flashbacks. They vary depending on levels of stress and how well he has slept. Remains hypervigilant when outdoors, in particular when in a car in traffic. Continued pain catastrophising about the injury, although he can now better regulate this. Depressed mood has waxed and waned throughout the course of recovery. He is reporting improvements to his neck injury.

### Risk screening

Have you applied a risk screening tool in your assessment? ☒ Yes ☐ No

e.g., OMPSQ-SF, Keele STarT Back, Whip-Predict, K10 etc

Name of risk screening tool  Date administered (DD/MM/YYYY)

Score/comment

Details of any pre-existing conditions directly relevant to the compensable injury

N/A

## Capacity

Do you have a copy of the position description/work duties (workers compensation and where relevant CTP)

☐ Yes ☐ No If no, insurer to provide.

|  |  |   |
|--|--|---|
|  | Managed a clothing store, 5 staff (2 are his children), oversight administration and accounts. Worked 48 hours per week on average, including Saturday morning. Repetitive lifting and handling of stock.  | Currently works 5 hours per day, 5 days per week owing to physical pain and the lifting demands of his job.   |
|  | John was independent in all aspects of life, including self-care. Cooking 3 to 4 nights/week. Independent driving car. Socialising with family and friends on weekends. Playing golf every Sunday morning. | Independent in all self-care tasks. Assisting with food preparation 2 to 3 nights per week. Independent with public transport and able to be a passenger in a car. Going to the golf club to catch up with friends for coffee after their game. |

## Standardised Outcome Measures (SOM) – At least one measure to be reported

| Measure   | Initial score                             |   | Previous score  |  | Current score                              |  |
|---|---|---|---|--|--|--|
|   | Date and score of the first SOM completed |   | Date and score of the SOM completed for submission of the previous AHTR |  | Date and score of the latest SOM completed |  |
|   | Date                                      | Score                                     | Date  | Score                                    | Date                                       | Score                                    |
| e.g. Neck Disability Index                          | 1/02/23                                   | 21/50                                     | N/A   | N/A                                      | 26/03/23                                   | 14/50                                    |
| e.g. DASS   | 1/02/23                                   | Depression =24<br>Anxiety=19<br>Stress=33 | 22/03/23  | Depression=19<br>Anxiety=15<br>Stress=28 | 21/07/23                                   | Depression=15<br>Anxiety=11<br>Stress=22 |
| 1. Depression Anxiety and Stress Scale 42 (DASS 42) | 30/3/2023                                 | Depression 28<br>Anxiety 22<br>Stress 34  | N/A   | N/A                                      | 25/6/2023                                  | Depression 18<br>Anxiety 17<br>Stress 20 |
| 2. Pain Self-Efficacy Questionnaire (PSEQ)          | 30/3/2023                                 | 24/60                                     | N/A   | N/A                                      | 25/6/2023                                  | 43/60                                    |
| 3.  |   |   |   |  |  |  |

Interpretation of score(s)

Scores indicate a clinically significant gradual reduction in distress (DASS 42), and a significant increase in self-efficacy to complete activities of daily living despite pain (PSEQ).

## Section 3: Barriers to recovery and strategies to address

Barriers to recovery identified through your screening and assessment

Physical pain and restrictions causing frustrations with a slow upgrade of work capacity. Marked anxiety driving alone, and yet to master sitting in and driving a car on the open road. Frustration his recovery is taking longer than expected. Concern for the financial sustainability of his store, worsened by economic factors. Andrew has also had conflict with his older son about remaining in the business.

Strategies to address barriers to recovery (may include actions to be taken by you/person with an injury, strategies agreed with others in treating team, referral to other services, etc):

Active engagement with rehabilitation provider to adjust workplace responsibilities across the shop team, while increasing work hours. Andrew to commit to and continue with trauma focused treatment, in particular mastery of driving his new car independently. Recommend Andrew seeks independent financial advice in regard to his business. Encourage respectful conversations with his son regarding the future of his son's role, that of the business, and negotiate a viable and agreed plan forward.

Would you like any of the following assistance?

Direct contact from the insurer ☒ Yes

Case conference ☒ Yes, who with

Collaborative case review with an independent consultant? ☐ Yes

## Section 4: Treatment plan

Has the person with an injury achieved the goals from the last treatment plan?

☐ Yes ☐ No ☒ Partially ☐ N/A

Person with an injury's goals

(Goals should be Specific, Measurable, Achievable, Realistic, Timed (SMART))

e.g. To return to my usual job as a retail assistant by 4 August; To drive for an hour to my parent's home by 6 July; To return to training my kid's soccer team by 3 October.

|  |   |    |
|--|---|----|
| 1. Work goal<br>or activity goal if not<br>working at time of injury | To  | by |
|  | To upgrade my hours to 6 hours per day with less physical demands in my role by 25 August 2023. |    |
| 2. Activity or<br>participation goal                                 | To  | by |
|  | To drive independently to and from work (40 minutes each way) by 11 August 2023.                |    |

Person with an injury's self-management (what techniques/strategies/exercises are they completing between sessions?)

Attend psychology treatment sessions once weekly for the next 4 weeks. Maintain daily practice of mindful body scanning and controlled breathing 10 minutes, twice/day. Diarise progress with emotions, thoughts and coping. Follow sleep hygiene routine on a daily basis. Log Subjective Units of Distress (SUDs) before and after each driving experience for the next month. Complete my daily schedule of exercises prescribed by my exercise physiologist. Discuss my return to playing golf with my health practitioners.

Your intervention

Continued psychoeducation on recovery processes with Post Traumatic Stress Disorder. Continue to journal and reinforce cognitive and affective processing and down regulation skills and resourcing. Graduated imaginal and behavioural exposure to driving and work, relationships and community, while making sense of the accident and its impact. Assist Andrew to focus on current life values and steps he can take to align his actions with values. Participate in case conferences with the treating doctor, workplace rehabilitation provider, insurer, exercise physiologist and employer to monitor and discuss progress.

Outline the rationale for the services you are requesting

Andrew is a highly engaged client who wants to improve his overall health, be confident in driving and recover at work. He has responded well to treatment and recovery so far, as is evident by his improved functioning and reduced distress. He has the potential for further benefits from the proposed psychological treatment services.

How many additional sessions do you anticipate before discharge?

Anticipated discharge date (DD/MM/YYYY)

If this date has changed since the last plan, please explain why

Did you collaboratively develop this treatment plan with the person injured? ☒ Yes ☐ No

If No, please explain why

## Section 5: Service requested

| Service type<br>include consultation type, other<br>services e.g., aids/equipment | Number of<br>sessions<br>or hours if case<br>conferencing | Frequency/<br>timeframe<br>e.g., 1 consultation/week | Service code<br>where applicable | Cost per<br>session/item | Total cost  |
|---|---|--|----------------------------------|--------------------------|-------------|
| Subsequent consultations  | 8   | Weekly for 4 weeks, then fortnightly                 | PSY002                           | \$ 205.50                | \$ 1,644.00 |
| Case Conference   | 1   | On an as needs basis                                 | PSY004                           | \$ 206.40                | \$ 206.40   |
|   |   |  |                                  |                          | \$ 0.00     |
|   |   |  |                                  |                          | \$ 0.00     |
|   |   |  |                                  |                          | \$ 0.00     |
| Overall total   |   |  |                                  |                          | \$ 1,850.40 |

## Section 6: Your details

|   |                                  |                                   |   |
|---|----------------------------------|-----------------------------------|---|
| Treating practitioner name                          |                                  |                                   | Practice email  |
| <input type="text" value="Maeve Bundle"/>           |                                  |                                   | <input type="text" value="maevespsychologyhub@protonmail.com"/> |
| Ahpra registration or membership number             |                                  |                                   | Best time/day to contact  |
| <input type="text" value="PSY00099999999"/>         |                                  |                                   | <input type="text" value="9-5pm Mon-Fri"/>                      |
| Practice name                                       |                                  |                                   | SIRA approval number (workers compensation only)                |
| <input type="text" value="Maeve's Psychology Hub"/> |                                  |                                   | <input type="text" value="7648"/>                               |
| Suburb  | State                            | Postcode                          | Treating practitioner email                                     |
| <input type="text" value="Parramatta"/>             | <input type="text" value="NSW"/> | <input type="text" value="2150"/> | <input type="text" value="maeve.b@gmail.com"/>                  |
| Phone number  | Fax                              | Signature                         |   |
| <input type="text" value="02 9876 5432"/>           | <input type="text" value="N/A"/> | <input type="text"/>              |   |

## Section 7: Insurer decision

☐ Approved ☐ Approval of some services only ☐ Declined ☐ More information required

An explanation must be provided below if the insurer's decision is 'Approval of some services only', 'Declined' or 'More information required'.

Insurers note: You must provide additional documentation to support the decision to decline any services. This must be in line with legislative obligations.

Explanation

|                      |                      |
|----------------------|----------------------|
| Contact name         | Signature            |
| <input type="text"/> | <input type="text"/> |
| Phone number         | Date (DD/MM/YYYY)    |
| <input type="text"/> | <input type="text"/> |
| Email                |                      |
| <input type="text"/> |                      |