

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

Request number	<input type="text" value="1"/>	Date of request (DD/MM/YYYY)	<input type="text" value="14/07/2023"/>
This is the number of request forms submitted			
Date services first commenced (DD/MM/YYYY)	<input type="text" value="01/06/2023"/>	Total number of consultations to date	<input type="text" value="6"/>
Your allied health discipline	<input type="text" value="Chiropractor"/>	Other	<input type="text"/>
Referred by	<input type="text" value="Dr Person"/>	Phone number	<input type="text" value="02 9999 9999"/>

Section 1: Details of person with an injury

Name	<input type="text" value="Ms Rachel Champion"/>	Date of birth (DD/MM/YYYY)	<input type="text" value="01/01/1998"/>
Pre-injury occupation	<input type="text" value="Sales Assistant"/>	Pre-injury work hours/week (average)	<input type="text" value="35"/>
Claim number	<input type="text" value="ABC123456"/>	Date of injury/crash DD/MM/YYYY	<input type="text" value="15/05/2023"/>

Section 2: Your clinical assessment

Compensable injury/illness

Non-specific neck pain with associated suboccipital pain syndrome (trigger points)

Current clinical signs and symptoms

Left chronic cervicothoracic facet joint pain with associated paraspinal myalgia. Left greater than right suboccipital pain without prodrome.

Pain up to 4/10 on VAS with driving, phone use and cleaning.

No referral of pain, pins and needles, numbness or weakness into arms or legs. No dizziness, nausea, vision, auditory or balance disturbances.

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

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.

	Pre-injury capacity Describe what the person did before the injury(s) related to this claim	Current capacity Describe what the person can do now
Work occupation, tasks, days/hours worked	Worked 7 hours per day, 5 days per week. Sales data entry up to 1.5 hours at a time in a standing position. Stands on a concrete surface whilst interacting with customers. Lifting and carrying items up to 3 kg.	Working 4 hours per day, 5 days per week. Data entry up to 30 minutes in standing. Lifting and carrying items up to 3 kg.
Usual activities activities of daily living, driving, transport, leisure	Drives car > 2 hours. Uses social media via phone for up for 2 hours. Independent with cleaning tasks.	Drives car up to 1 hour. Uses social media via phone for up to 30 mins. Can only undertake very light cleaning tasks for short periods (not mopping floors).

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

Measure	Initial score Date and score of the first SOM completed		Previous score Date and score of the SOM completed for submission of the previous AHTR		Current score 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 Anxiety=19 Stress=33	22/03/23	Depression=19 Anxiety=15 Stress=28	21/07/23	Depression=15 Anxiety=11 Stress=22
1. Neck Disability Index (NDI)	01/06/2023	48/100	N/A	N/A	14/07/2023	28/100
2.						
3.						
Interpretation of score(s)						
NDI score has reduced showing moderate improvements since treatment commenced.						

Section 3: Barriers to recovery and strategies to address

Barriers to recovery identified through your screening and assessment

Ms Champion reports challenges with her computer set up due to her height, requiring her to stoop to input data. This can aggravate her symptoms. She is inactive and physically deconditioned.

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.)

Monitor and upgrade home exercise program. Suggest assistance from a workplace rehabilitation provider to trial a variable height computer keyboard and monitor.

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
or activity goal if not
working at time of injury

To by
To return to my pre-injury work as a retail assistant in 4 weeks, by 20 August 2023.

2. Activity or
participation goal

To by
To return to mopping my floors in 4 weeks, by 20 August 2023.

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

Perform hourly postural corrective exercises while at work. Perform a daily strengthening and stretching program for my neck, shoulders, hips and back. Modify work tasks to ensure a break from data entry of up to 30 minutes. I will trial an adjustable height monitor.

Your intervention

Full spine manipulative/mobilisation therapy for the cervicothoracic and mid thoracic regions. Soft tissue therapy and dry needling to the sub occipital, cervicothoracic and thoracic regions of the neck/upper back. Continue upgrade of home exercise program. Reassurance and encouragement with upgrades to usual activities.

Outline the rationale for the services you are requesting

To assist Ms Champion with managing pain, inflammation and tightness as she increases her hours and tasks at work. Improve strength and endurance through home exercise program to increase capacity for work and usual activities.

How many additional sessions do you anticipate before discharge? 6

Anticipated discharge date (DD/MM/YYYY) 01/09/2023

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 include consultation type, other services e.g., aids/equipment	Number of sessions or hours if case conferencing	Frequency/ timeframe e.g., 1 consultation/week	Service code where applicable	Cost per session/item	Total cost
Consultation A - subsequent	6	Twice in first week, then weekly	CHA002	\$ 87.70	\$ 526.20
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
Overall total					\$ 526.20

Section 6: Your details

Treating practitioner name			Practice email
<input type="text" value="Dr Palmer"/>			<input type="text" value="drddpalmer@hotmail.com"/>
Ahpra registration or membership number			Best time/day to contact
<input type="text" value="CH0002212345"/>			<input type="text" value="12 to 2pm (Tue-Fri)"/>
Practice name			SIRA approval number (workers compensation only)
<input type="text" value="First Adjustment Inc"/>			<input type="text" value="0001"/>
Suburb	State	Postcode	Treating practitioner email
<input type="text" value="Sydney"/>	<input type="text" value="NSW"/>	<input type="text" value="2000"/>	<input type="text" value="drpalmer@hotmail.com"/>
Phone number	Fax	Signature	
<input type="text" value="02 9999 9999"/>	<input type="text" value="02 9999 9998"/>	<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"/>	