

Allied health treatment request

To be used by allied health practitioners working with NSW workers compensation (WC) and motor accidents (CTP) injury claims.

How do I complete this form?

1. Fill out form with the injured person. All sections should be completed
2. Sign form
3. Submit form to the injured person's insurer

Once submitted, insurers have:

- 21 days to respond to requests for treatment in the WC scheme (except for services specified in Table 4.1 of the *Workers compensation guidelines*: sira.nsw.gov.au/workers-compensation-claims-guide/legislation-and-regulatory-instruments/guidelines/workers-compensation-guidelines)
- 10 days 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="2"/>	Date of request (DD/MM/YYYY)	<input type="text" value="21/06/2023"/>
This is the number of request forms submitted			
Date services first commenced (DD/MM/YYYY)	<input type="text" value="18/01/2023"/>	Total number of consultations to date	<input type="text" value="16"/>
Your allied health discipline	<input type="text" value="Counsellor"/>	Other	<input type="text"/>
Referred by	<input type="text" value="Dr Irving"/>	Phone number	<input type="text" value="02 9000 0000"/>

Section 1: Injured person details

Name	<input type="text" value="Anna Truss"/>	Date of birth (DD/MM/YYYY)	<input type="text" value="02/12/1970"/>
Pre-injury occupation	<input type="text" value="Corporate manager"/>	Pre-injury work hours/week (average)	<input type="text" value="40 + regular overtime"/>
Claim number	<input type="text" value="50505050500"/>	Date of injury/accident (DD/MM/YYYY)	<input type="text" value="15/12/2022"/>

Section 2: Your clinical assessment

Compensable injury/illness

Adjustment Disorder with Mixed Anxiety and Depressed Mood in response to high workload, and perceived lack of support and bullying by CEO. This has significantly remitted.

Current clinical signs and symptoms

Mood, sleep, anxiety and mood states all now normal. However, there is reported fatigue associated with a new role, being a self-employed corporate consultant. Testing out pre-jury hours and expressed frustrations learning to run a business and master new IT software by herself.

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 (WC 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 as a corporate manager managing 50 staff, 40 hours per week. Paperwork and meetings however often kept her at work for 60 hours per week.	Now works 38 hours per week, Monday to Friday, taking a daily lunch, pacing direct face to face consultancy hours (20 hours per week) and managing planning, reports and business systems the rest of the week. No more than four client contact hours per day.
Usual activities activities of daily living, driving, transport, leisure	Engaged in good self-care, shared housework and cooking with partner, used to drive to work, and enjoyed tennis and catching up with friends on weekends.	These have almost returned to normal. However, socialising on weekends averages once every second week owing to reported fatigue, and Anna has yet to report energy to play tennis. Anna reports being too fatigued to help with cooking by the end of the working week.

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 Anxiety=19 Stress=33	22/03/23	Depression=19 Anxiety=15 Stress=28	21/07/23	Depression=15 Anxiety=11 Stress=22
1. Depression Anxiety and Stress Scale 42 (DASS-42)	18/01/2023	Depression 30 Anxiety 21 Stress 36	07/03/2023	Depression 18 Anxiety 12 Stress 19	21/06/2023	Depression 9 Anxiety 8 Stress 15
2.						
3.						

Interpretation of score(s)

Anna's level of distress and depressive and anxiety symptoms have shown consistent and clinically significant improvements in scores on the DASS.

Section 3: Barriers to recovery and strategies to address

Barriers to recovery identified through your screening and assessment

Previous barriers of low support, marked negativity in thinking and indecisiveness about future vocational redirection are no longer present. The primary barriers now are managing fatigue towards the end of the week and reporting reduced confidence at navigating new software packages.

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

Continue to highlight the gains that have been made and encourage self-compassion.
Discuss with rehabilitation provider potential brief training in operating new accountancy package.
Medical review of health and medication (Anna has been slowly reducing her dose of Sertraline with her doctor's advice).

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 injured person achieved the goals from the last treatment plan?

Yes No Partially N/A

Injured person 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

2. Activity or participation goal

To by

Injured person's self-management (what techniques/strategies/exercises are they completing between sessions?)

Phase out my treatment sessions to fortnightly for next two sessions, then monthly reviews for the remaining two sessions. Review my medication and health checks with my NTD, as I have been more fatigued since weaning off the Sertraline. Follow my sleep hygiene routine as developed in sessions. Return to tennis and organise a movie or lunch with friends at least once per week for the next 6 weeks on weekends. Keep scheduling work diary to ensure sufficient downtime from client work.

Your intervention

Treatment will now change to a focus on self-management, reviewing strengths and strategies that assist psychological adjustment, future planning for at risk challenges (eg. tendency to want to work longer hours) and preparing for discharge of treatment services by 30/9/2023.

Outline the rationale for the services you are requesting

Anna has engaged well with treatment, has been active in working towards her recovery, and would benefit from four remaining sessions to consolidate treatment gains and ensure a durable return to work and stable psychological health. Sessions will be reduced from 60 minute sessions to 45 minute sessions for remainder of treatment.

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 injured person? 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
Subsequent consultation (45 minutes)	4	2 x fortnightly, 2 x monthly	COU003	\$ 123.15	\$ 492.60
Case conference	0.5 hour	As required	COU005	\$ 163.20	\$ 81.60
					\$ 0.00
					\$ 0.00
					\$ 0.00
Overall total					\$ 574.20

Section 6: Your details

Treating practitioner name

Mark Willfixit

Practice email

mark@MWcounselling.com.au

AHPRA number

PACFA12345

Best time/day to contact

9-5pm Mon-Thurs

Practice name

MW Counselling

SIRA approval number (WC only)

49508

Suburb

Bright Haven

State

NSW

Postcode

1936

Treating practitioner email

mark@MWcounselling.com.au

Phone number

0000 4444

Fax

N/A

Signature

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

Phone number

Date (DD/MM/YYYY)

Email

State Insurance
Regulatory Authority

