This form is for use by Framework Occupational Therapists providing services to TAC and WorkSafe. The information in this form is for use by the organisation which has requested it and will not otherwise be exchanged with any other party, except in accordance with law. Please see section 9 of this form for further information.

**IMPORTANT**

* Please type or use block letters and **ensure that all sections are complete.** All incomplete forms will be returned, so please give reasons if you are unable to complete a section.

1. Client/worker details

|  |  |  |
| --- | --- | --- |
| Client/worker name |  | Type of claim |
|       |  | TAC [ ]   | WorkSafe [ ]  Agent:       |
| Client/worker address |  | Claim number |  | Telephone number |
|       |  |       |  |       |
|       |  | Date of Birth  |  | Date of injury |
|       |  |       /       /       |  |       /       /       |
|       Postcode       |  | Employer |  | Employer telephone number |
|   |  |       |  |       |
| Current Occupation:  |       |  | Date of Assessment  |  | Date Report submitted  |
| Pre-injury Occupation:  |       |  |       /       /       |  |       /       /       |

2. Background Information and transport accident/work-related injury

a. Injury details

Provide injury details, and any restrictions to ability to use public transport and/or standard car. Detail any additional medical information, treatment, medical interventions to date and subsequent health conditions. Please provide the information source e.g. treating medical practitioner, physiotherapist.

|  |
| --- |
|       |

|  |
| --- |
| **b. Details of any pre Injury conditions and subsequent non injury-related conditions** |
|       |

|  |
| --- |
| **c. Social situation** *include living situation, any imminent changes to living circumstances, support from family and friends, social networks etc.* |
|       |

|  |
| --- |
| **d. Driving status** *history, current licence, ownership of vehicle/car etc.* |
|       |

3. Current functional status

Please comment on how the client/worker’s current functional status is impacting on his/her ability to use public transport and/or a standard car.

|  |  |  |
| --- | --- | --- |
|  | **Current functional status** | **Anticipated change in functional status** (include time frame) |
| Physical/sensory issues |                 |                 |
| Cognitive/behavioural issues |                 |                 |
| Psychological/emotional issues |                 |                 |

4. Pre injury, current and proposed community access details

Please detail the main mode of transport used for each community access area, the frequency, travel time and cost if appropriate
*e.g. client/worker travels in taxi once a week, this takes two hours to get there and costs $100 each outing*

**Work/School**

|  |  |
| --- | --- |
| Pre injury |       |
| Current |       |
| Proposed |       |
| Barriers |       |
| Comments *Describe if assistance is required with use of transport and/or at destination* |       |

Community ADLs *e.g. shopping, banking*

|  |  |
| --- | --- |
| Pre injury |       |
| Current |       |
| Proposed |       |
| Barriers |       |
| Comments*Describe if assistance is required with use of transport and/or at destination* |       |

Medical Treatment/Rehabilitation

|  |  |
| --- | --- |
| Pre injury  |       |
| Current |       |
| Proposed |       |
| Barriers |       |
| Comments*Describe if assistance is required with use of transport and/or at destination* |       |

Recreation//Sport/Social *group and individual programs*

|  |  |
| --- | --- |
|  Pre injury  |       |
| Current |       |
| Proposed |       |
| Barriers |       |
| Comments*Describe if assistance is required with use of transport and/or at destination* |       |

Other, please specify

|  |  |
| --- | --- |
| Pre injury |       |
| Current |       |
| Proposed |       |
| Barriers |       |
| Comments*Describe if assistance is required with use of transport and/or at destination* |       |

Is there any capacity to share transport to group activities? Please comment

|  |
| --- |
|       |

Please detail the capacity for family members/friends to assist the client/worker with transport?

|  |
| --- |
|       |

5. Summary of recommendations

Please indicate your recommendations by selecting one or more of the following categories and detail your recommendations below

|  |  |
| --- | --- |
| Travel training/adaptive techniques  | [ ]  |
| Other treatment/rehabilitation *e.g. how to book a taxi* | [ ]  |
| Half price taxi companion card application  | [ ]  |
| Review of driving ability *e.g. driving assessment, neuropsychologist review*  | [ ]  |
| Use of information supports or community transport options *e.g. council community bus, MET information line*  | [ ]  |
| Assessment for TAC/WorkSafe vehicle/car contribution & modifications (client/worker as driver) | [ ]  |
| Assessment for TAC/WorkSafe vehicle/car contribution & modifications (client/worker as passenger) | [ ]  |
| Assessment for equipment and/or modifications to an existing vehicle/car *e.g. grab rail, swivel seat, small mobile hois*t | [ ]  |
| Other:                | [ ]  |

**6. Assessor follow-up services**

Detail the specific follow-up actions that are required to facilitate the achievement of goals and recommendations identified. The clinical justification for these services should be clear from your recommendations.

The TAC/WorkSafe Agent is able to approve a maximum of 6 hours to provide follow–up services. Detail the number, frequency and duration of follow-up services requested.

|  |  |  |
| --- | --- | --- |
| **Details of follow-up actions or training recommended** | **Frequency and duration of follow-up services** | **Comments including additional travel time required for assessor and associated request**  |
|       |       |       |
|       |       |       |
|       |       |       |

Is a referral for further occupational therapy services required?

Referral is required if follow-up is anticipated to be greater than 6 hours. If yes, please outline the areas that need to be addressed

|  |
| --- |
|       |

7. Discussion with treating healthcare professionals

Provide the outcomes of the discussions you have had with the treating healthcare professionals about your recommendations. Include any differences in opinion or support for your recommendations

|  |
| --- |
|       |

8. Additional comments/other attached information

|  |
| --- |
| [ ]  Other attached information or additional comments, please specify       |

*Please note: following review of this form by the TAC/WorkSafe Agent, a Vehicle/Car Needs and Modifications Assessment may be requested*

Assessor Occupational Therapist details

|  |  |  |
| --- | --- | --- |
| Provider name, address and phone no. *Use practice stamp where possible* |  | Signature |
|       |  |  |
|       |  |  |
|       |  | Qualifications |
|       |  |       |
|       |  | Days/hours available |  | Date |
|       |  |       |  |       /       /       |

9. Personal and Health Information

TAC

The TAC will retain the information provided and may use or disclose it to make further inquiries or assist in the ongoing management of the claim or any claim for common law damages. The TAC may also be required by law to disclose this information. Without this information the TAC may be unable to determine entitlements or assess whether treatment is reasonable and may not be able to approve further benefits and treatment

**WorkSafe**

Personal and health information collected by WorkSafe on this form is used for the purpose of processing, assessing and managing claims under the *Accident Compensation Act 1985* (the Act). It may also be used for other related purposes including legal proceedings arising under the Act, to assist with a worker’s rehabilitation and return to work and to assist WorkSafe and its Agents to better manage claims generally.

For the purposes of processing, assessing and managing a claim, WorkSafe and the Agent of the injured worker’s employer may disclose personal and health information about the worker to each other and to the following types of organisations:

* employees, contractors and agents of WorkSafe and WorkSafe Agents;
* employers of the injured worker;
* solicitors, medical practitioners and other health service providers, private investigators, loss adjusters and other service providers acting on behalf of WorkSafe or the Agent in relation to the claim;
* the Accident Compensation Conciliation Service and Medical Panels;
* a court or tribunal in the course of criminal proceedings or any proceedings under any of the Acts which WorkSafe administers;
* any other person, organisation or government agency authorised by you, or by law, to obtain the information.

An individual may request access to personal and health information about them collected by WorkSafe or an Agent by contacting the Agent.

WorkSafe's Privacy Policy is available at the nearest WorkSafe office or at [www.worksafe.vic.gov.au](http://www.worksafe.vic.gov.au)