



# Physiotherapy Treatment Notification Plan

## PRIVACY

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## Lodgment of Treatment Notification Plan

Email: [workerscomp@anu.edu.au](mailto:workerscomp@anu.edu.au)

Post: Claims Management Team  
Work Environment Group, Human Resources  
10B East Road, Chancelry Building (Lower Ground)  
Australian National University  
Acton ACT 2601

## INJURED WORKER DETAILS

Name  Claim number

## CURRENT WORK STATUS

Occupation/job title

Normal duties  Modified duties  Not working

Has the Injured Worker attended your practice prior to this work-related injury?  Yes  No

If yes, please specify condition and treatment

Specific anatomical site of work-related injury and clinical diagnoses

Current reported symptoms and physical assessment findings

Provide details of relevant standardised outcome measures (SOM) used, date administered and initial assessment score(s)

Date administered	SOM(s)	Baseline score

List current activity/functional limitations and related goals

Current activity/functional limitations	Short term activity goals include ADL and work/travel goals	Estimated date of achievement
1.	1.	/ /
2.	2.	/ /
3.	3.	/ /
4.	4.	/ /

Proposed treatment plan from today's date

Total no. of services  over  weeks from  /  /  to  /  /

Proposed treatment methods including client self management strategies

**PROVIDER DETAILS**

I have current registration with Australian Health Practitioner Regulation Agency.

Yes  No

Provider name, address and phone no.

Signature

Days/hours available

Date

**ANU INJURED WORKER AUTHORISATION**

I  (please print your name)

Signature of Injured Worker or guardian

Hereby authorise you to supply ANU with information requested on this form and to discuss the contents of this form, and any ongoing issues of my treatment, with officers or representatives of ANU.

Date

All questions must be answered for this plan to be considered. Please use block letters and attach any information that may be relevant.