Psychological Treatment Notification Plan

PRIVACY
Your privacy is important to us. For information about how we handle your personal information, please visit www.anu.edu.au/privacy or contact us on 02 6125 5111 and request a copy of our Privacy Policy.

Lodgment of Treatment Notification Plan
Email: injurymanagement@anu.edu.au

Post: Injury Management Branch
Work Environment Group, Human Resources
10B East Road, Chancelry Building
The Australian National University
ACTON ACT 2601

INJURED WORKER DETAILS

Name _____ Claim number _____

CURRENT WORK STATUS

Occupation/job title _____

Normal duties ☐ Modified/alternative duties ☐ Not working ☐

Has the Injured Worker attended your practice prior to this work-related injury? ☐ Yes ☐ No
If Yes, please specify any relevant conditions and the treatment time frames.

REFERRAL

Who was the medical practitioner that referred this Injured Worker to you? Please attach copy of referral.

Referrer's name _____ Date of referral / /

Reason/background for referral

Current problems or barriers related to the work-related injury
In order of priority, list the problems or barriers currently preventing the person from returning to productive work or social roles

Practical problems: eg social withdrawal	Indicators, signs, symptoms: eg unable to go to supermarket, unable to work with current supervisor
1.	1.
2.	2.
3.	3.

Current diagnoses (DSM-IV multiaxial)

On the basis of your assessment list the DSM-IV multiaxial diagnoses. Please indicate whether the diagnostic criteria are completely or only partially met for each diagnosis. Please indicate those diagnoses that are directly related to the work-related injury and those that are not. Indicate NIL next to each axis where no diagnosis is present.

Axis	Diagnosis and code	Are diagnostic criteria met?	Related to workplace injury?
1. Clinical disorders	1.	Yes ☐ No ☐	Yes ☐ No ☐
	2.	Yes ☐ No ☐	Yes ☐ No ☐
2. Personality disorders/mental retardation			Yes ☐ No ☐
3. General medical condition—As reported		You are not required to make this judgement	
4. Psychosocial and environmental problems			Yes ☐ No ☐
5. Global assessment of functioning score		Not applicable	Yes ☐ No ☐

Other Comments and issues

In your opinion, does the Injured Worker currently have the psychological capacity to return to pre-injury activity or work roles?

The University may be able to fund rehabilitation assessment and programs where needs are related to the work-related injury. Please clearly indicate if you believe the injured worker requires any other assistance to promote recovery.

Agreed treatment plan and measures

Goals	Intervention/Strategies	Measures of progress - standardised/customised/functional	Estimated date of achievement or review
1.			
2.			
3.			

Proposed treatment plan from today's date—*note it is mandatory to include a completion date for this treatment plan*

Total no. of individual services ____ Over ____ weeks from ____ to ____

Total no. of group services ____ Over ____ weeks from ____ to ____

PROVIDER DETAILS

I have current registration with Australian Health Practitioner Regulation Agency

Yes ☐ Other ☐ Please detail

Provider name, address and phone no.

Signature

Date / /

Days/hours available

ANU INJURED WORKER AUTHORISATION

I (please print your name)

Hereby authorise you to supply the University 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 the University.

Signature of Injured Worker or guardian

Date / /

All questions must be answered for this plan to be considered. Please attach any further information that may be relevant.