



Australian Government

Comcare

PUTTING YOU *FIRST*

COMPENSATION CLAIM FOR PERMANENT IMPAIRMENT AND NON-ECONOMIC LOSS FORM

FILLING IN THIS FORM

You should complete this form if you want to claim compensation for permanent impairment and non-economic loss resulting from your compensable conditions under sections 24, 25 and 27 of the *Safety Rehabilitation and Compensation Act 1988* (SRC Act).

As an alternative, you can elect to commence proceedings against your employer or another employee for damages for non-economic loss resulting from your compensable conditions. This election is irrevocable and, if successful, damages are limited to \$110,000. Comcare strongly recommends you seek legal advice before making a decision to sign a *Section 45 election form*.

Your Claims Services Officer will use medical evidence to determine the extent of any permanent impairment. You may be asked to attend an examination by an independent medical practitioner who has been trained in the assessment of permanent impairment under the SRC Act.

DISCLOSING AND SHARING OF INFORMATION

Comcare needs to collect your personal information to determine and manage your compensation claim, and to assist Comcare to perform its functions and exercise its powers under the SRC Act.

Your personal information may also be used by Comcare to administer and enforce other relevant legislation including the *Occupational Health and Safety Act 1991* (OHS Act).

In the course of managing your claim, Comcare may need to disclose your personal information to the following parties:

- > your employer at the time when your injury occurred, and any subsequent employer
- > your superannuation fund manager or trustee

- > any health professional, hospital or other health institutions that you have dealt with for your injury
- > your case manager
- > your rehabilitation provider
- > vocational or functional assessors
- > employment agencies
- > legal advisers
- > persons engaged by us to conduct research related activities
- > the Safety, Rehabilitation and Compensation Commission
- > investigators appointed under section 40 of the OHS Act
- > any relevant third party (or insurer) considered by us to have contributed to your injury
- > any other person assisting us to perform our functions or exercise our powers.

To manage your claim, Comcare and the parties listed above may need to share records containing your personal information.

RECORD KEEPING

All original documents are scanned in accordance with Comcare's policy and *Disposal Authorities* issued by the National Archives of Australia. The original paper format will only be held for a period of six months. If you require information about this, please write to:

The Records Manager
Comcare
PO Box 9905
CANBERRA CITY ACT 2601

PART A—EMPLOYEE'S DETAILS

Comcare claim reference number (if known)

Surname

Given name(s)

Date of birth

Postal address

Date of injury

Accepted condition

What permanent injury/ impairment(s) of the body do you want to claim for?

Signature Date

PART B—TREATING PRACTITIONER TO COMPLETE

Note: The cost of completing this form will be met by Comcare. Prompt payment will be made if you send your account direct to Comcare GPO Box 9905 Canberra ACT 2601.

Diagnosis of the condition your patient is claiming permanent impairment for

Is this related to their accepted condition? Yes No If you have answered no, proceed to signature.

If you have answered yes, what impairment(s) to their > bodily parts > bodily functions > bodily systems have resulted from the condition?

Do you consider that the impairment(s): > have stabilised at this level indefinitely? > will improve? > will deteriorate?

Has active treatment of the condition been completed? Yes No

If the impairment has not yet stabilised, how long do you expect it will take to stabilise?

Please describe the extent of the impairment(s) listed above. If possible, express this as a percentage of the affected body part, function or system and provide comments on how you determined the percentage.

TREATING PRACTITIONER DETAILS

Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
Phone	(<input type="text"/>)	Fax	(<input type="text"/>)
Qualifications	<input type="text"/>		
Specialty	<input type="text"/>		
Provider number	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

PART C—NON-ECONOMIC LOSS QUESTIONNAIRE

You need to ensure all sections of the form are completed.

Please indicate the score you consider is appropriate and use the space provided to make comments which support your answers. We request that you provide comments to assist your Claims Services Officer to assess your claim.

If there is not enough room on the form for your comment please attach a separate, signed statement.

If you have more than one accepted condition (injury) and are claiming for a permanent impairment or impairments resulting from each condition (injury), then you must complete a separate *Non-economic loss questionnaire* for each condition.

SECTION 1: PAIN AND SUFFERING

This section has two parts:

- > The first part on pain concerns the frequency and intensity of physical pain that you suffer due to your condition.
- > The second part on suffering concerns the mental distress that you may experience including emotional symptoms such as grief, frustration, fear, anguish, humiliation and embarrassment.

PART 1: PAIN

Please note that:

- > only ongoing pain of a continuing or episodic nature is considered
- > you can not use the table below to indicate temporary pain or speculation of future pain.

Indicate in the table which one of the following best describes the pain you suffer from:

- > No pain experienced (score 0).
- > Intermittent attacks of pain of nuisance value only. Can be ignored when activity commences (score 1).
- > Intermittent attacks of pain. Not easily tolerated, but short-lived. The pain responds fairly readily to treatment such as analgesics and anti-inflammatory medications (score 2).
- > Episodes of pain more persistent. Not easily tolerated. Treatment, if available, is of limited benefit (score 3).
- > Pain occurring most of the time. Restrictions on activity. Resistant to treatment (score 4).
- > Pain continuous and severe. Preventing activity. Uncontrolled by medication (score 5).

Table 1.1

Employee's score	Treating practitioner's score	Examining practitioner's score

Use the space below to give further evidence or examples that support the score you have provided.

Employee's comments

Treating practitioner's assessment

Examining practitioner's assessment

PART 2: SUFFERING

Please note that:

- > only ongoing suffering of a continuing or episodic nature is considered
- > you can not use the table below to indicate temporary suffering or speculation about future suffering.

Indicate in the table which one of the following best describes the suffering (mental distress) you experience:

- > No symptoms of mental distress experienced (score 0).
- > Symptoms of mental distress minimal or ill defined. Symptoms occur intermittently. No interference with activity (score 1).
- > Distinct symptoms of mental distress which are episodic in nature. Activities reduced during such episodes. Recovers quickly after episodes (score 2).
- > Symptoms of mental distress are distinct and varied. Episodes of mental distress occur regularly. Ability to cope or perform activity effectively reduced during episodes. Needs time to recover between episodes. Treatment such as anti-depressants, counselling and other supportive therapies help to control or relieve symptoms (score 3).
- > Symptoms of mental distress are wide ranging and tend to dominate thinking. Rarely free of symptoms of mental distress. Difficulty coping or performing activity. Treatment necessary to either control or relieve symptoms (score 4).
- > Symptoms of mental distress arising from accepted condition predominate over thinking. Activities severely restricted. Treatment of no real benefit in controlling or relieving symptoms (score 5).

Table 1.2

Employee's score	Treating practitioner's score	Examining practitioner's score

Use the space below to give further evidence or examples that support the score you have provided.

Employee's comments

Treating practitioner's assessment

Examining practitioner's assessment

Section 2: Loss of amenities

Loss of amenities can also be described as loss of enjoyment of life.

This section has three parts:

- > The first part on mobility concerns your ability to move around in your environment including your home and work.
- > The second part on social relationships concerns your ability to engage in your social and personal relationships.
- > The third part on recreation and leisure activities concerns your ability to maintain your usual recreation and leisure pursuits including walking, driving, being a passenger, and using public transport.

PART 1: MOBILITY

Indicate in the table which one of the following best describes the effect your condition has on your ability to get around:

- > No or minimal restrictions on mobility (score 0).
- > Periodic effects on mobility—no restrictions in between episodes (score 1).
- > Ongoing, mild restrictions on mobility (for example, walks at a slower pace or needs a walking stick) (score 1).
- > Mobility reduced, but remains independent of others both within and outside the home. Can travel but may need to have breaks, special seating, for example (score 2).
- > Mobility markedly reduced. Needs some assistance from others. Unable to use most forms of transport (score 3).
- > Restricted to home and vicinity. Can only travel outside home with door-to-door transport and the assistance of others (score 4).
- > Severely restricted mobility (for example, bed, chair, room). Dependent on others for assistance. Mechanical devices or appliances used for mobility within the home (for example, wheelchair, hoist) (score 5).

Table 2.1

Employee's score	Treating practitioner's score	Examining practitioner's score

Use the space below to give further evidence or examples that support the score you have provided.

Employee's comments

Treating practitioner's assessment

Examining practitioner's assessment

PART 2: SOCIAL RELATIONSHIPS

Indicate in the table which one of the following best describes the effect your condition has had on your personal or social life.

- > Usual relationships unaffected (score 0).
- > Minor interference with personal relationships, causing some reduction in social activities and contacts (score 1).
- > Relationships confined to immediate and extended family and close friends, but unable to relate to casual acquaintances (score 2).
- > Difficulty in maintaining relationships with close friends and the extended family (score 3).
- > Social contacts confined to immediate family (score 4).
- > Difficulties relating socially to anyone (score 5).

Table 2.3

Employee's score	Treating practitioner's score	Examining practitioner's score

Use the space below to give further evidence or examples that support the score you have provided.

Employee's comments

Treating practitioner's assessment

Examining practitioner's assessment

PART 3: RECREATIONAL AND LEISURE ACTIVITIES

Indicate in the table below which one of the following best describes the effect your condition has on your usual participation in recreational and leisure activities.

- > Able to follow usual recreation and leisure activities (score 0).
- > Intermittent interference with activities. In between episodes able to pursue usual activities (score 1).
- > Interference to activities reduces frequency of activity, but is able to continue. Is able to enjoy alternatives (score 2).
- > Unable to continue with pre-injury level of activity. Alternative, less rewarding activity possible (score 3).
- > Range of pre-injury activities greatly reduced. Needs some assistance to participate in pre-injury recreation and leisure activities (score 4).
- > Unable to undertake any satisfying or rewarding activities (score 5).

Table 2.5

Employee's score	Treating practitioner's score	Examining practitioner's score

Use the space below to give further evidence or examples that support the score you have provided.

Employee's comments

Treating practitioner's assessment

Examining practitioner's assessment

SECTION 3: OTHER LOSS

This section is for any other non-economic loss suffered as a result of your condition. This does not include factors covered earlier.

Indicate in the table which one of the following best describes your situation.

- > Nil or minimal disadvantages (score 0).
- > Moderate disadvantages. For example, dependence upon a specialised diet, experiences detrimental effects associated with climatic features such as temperature, humidity, ultra-violet rays, light, noise, dust (score 1).
- > Marked disadvantages. For example, need to move to specially modified premises (score 2).
- > Severe disadvantages. For example, dependence upon external life saving or supporting machines including aspirator, respirator, dialysis machine, or any form of electro-mechanical device for the sustenance or extension of activities (score 3).

Table 3.1

Employee's score	Treating practitioner's score	Examining practitioner's score

Use the space below to give further evidence or examples that support the score you have provided.

Employee's comments

Treating practitioner's assessment

Examining practitioner's assessment

I declare that:

- > The information I have supplied on this form and any other attachment is true and accurate.
- > I am aware making a false or misleading claim, or false or misleading statement in support of that claim, is punishable by law under the *Criminal Code Act 1995* and, in this event, I may be liable for prosecution.
- > I am aware any monies paid by Comcare as a result of a false or misleading statement or claim will be recovered.

Signature Date / /

TREATING PRACTITIONER TO COMPLETE

Is there likely to be any reduction in life expectancy? Yes (If you have answered yes, go to the next question.)
 No

What is the likely reduction in the employee's life expectancy due to injury or impairment?

- Less than 1 year More than 1 year, less than 10 years
 More than 10 years, less than 20 years 20 or more years

Additional comments

TREATING PRACTITIONER'S DETAILS

Name and address of treating practitioner (please print):

OR stamp:

Name

Address

Phone () Fax ()

Qualifications

Specialty

Provider number

Signature Date / /

EXAMINING PRACTITIONER TO COMPLETE

Is there likely to be any reduction in life expectancy? Yes (If you have answered yes, go to the next question.)
 No

What is the likely reduction in the employee's life expectancy due to injury or impairment?

Less than 1 year More than 1 year, less than 10 years
 More than 10 years, less than 20 years 20 or more years

Additional comments

EXAMINING PRACTITIONER'S DETAILS

Name and address of registered medical practitioner (please print): OR stamp:

Name	<input type="text"/>	
Address	<input type="text"/>	
	<input type="text"/>	
Phone	(<input type="text"/>) <input type="text"/>	Fax (<input type="text"/>) <input type="text"/>
Qualifications	<input type="text"/>	
Specialty	<input type="text"/>	
Provider number	<input type="text"/>	
Signature	<input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>