



# PSYCHOLOGY TREATMENT PLAN

## TREATMENT PLAN REQUEST (please tick most appropriate)

Initial ☐ Review ☐

## EMPLOYEE DETAILS

Employee name  Claim number   
Date of birth  /  /  Occupation   
Referring medical practitioner

## WORK STATUS

### Hours

Pre-injury hours at work  per week  
Current hours at work  per week

### Current duties

Pre-injury duties ☐ Not working ☐  
Alternative/modified duties ☐

## CLINICAL ASSESSMENT

Psychological diagnosis (directly related to the work-related condition)

Details of symptoms

Details of any non-work related psychological conditions impacting mental state/functioning/capacity

## CAPACITY

	Pre-injury capacity (describe what the employee did before the injury related to this claim)	Current capacity (describe what the employee can do now)
Work e.g. tasks, days, hours		
Home e.g. self-care, domestic, caring		
Community e.g. driving, transport, leisure		

**BARRIERS TO RECOVERY AND RETURN TO WORK**

Please detail current barriers to recovery and return to work

**PROGRESS SINCE LAST PLAN (COMPLETE IF REVIEW PLAN)**

Please detail progress that has been made since last plan. Include results from standardised or customised outcome measures

**TREATMENT GOALS AND INTERVENTIONS**

TREATMENT GOALS, INTERVENTION STRATEGIES, OUTCOME MEASURES, EMPLOYEE STEPS

**TREATMENT GOAL 1** (please outline SMART goal—related to work-related condition):

Intervention strategies (applicable to stated goals)	Measures of progress (standardised/ functional, applicable to stated goals)	Employee steps (self-management strategies to achieve this goal)	By when

**TREATMENT GOAL 2** (please outline SMART goal—related to work-related condition):

Intervention strategies (applicable to stated goals)	Measures of progress (standardised/ functional, applicable to stated goals)	Employee steps (self-management strategies to achieve this goal)	By when

**TREATMENT GOAL 3** (please outline SMART goal—related to work-related condition):

Intervention strategies (applicable to stated goals)	Measures of progress (standardised/ functional, applicable to stated goals)	Employee steps (self-management strategies to achieve this goal)	By when

**TREATMENT GOAL 4** (please outline SMART goal—related to work-related condition):

Intervention strategies (applicable to stated goals)	Measures of progress (standardised/ functional, applicable to stated goals)	Employee steps (self-management strategies to achieve this goal)	By when

### PROPOSED TREATMENT PLAN

Proposed total number of services  over  number of weeks  
From  /  /  to  /  /  Anticipated discharge date  /  /

### OTHER RECOMMENDATIONS

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

### TREATING PSYCHOLOGIST DETAILS

I currently have registration with Australian Health Practitioner Regulation Agency Yes ☐ No ☐

Name   
Address  Phone no   
Email  Days/times available

Treating Psychologist's signature  Date  /  /

### CONSENT

I  (please print your name) hereby authorise you to supply Comcare 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 Comcare.

Signature of employee or guardian  Date  /  /

### PRIVACY

Your privacy is important to us. For information about how we handle your personal information, please visit [www.comcare.gov.au/privacy](http://www.comcare.gov.au/privacy) or contact us on 1300 366 979 and request a copy of our Privacy Policy.

Please refer to the accompanying notes for assistance in completing this form.

Lodgement of: Email: [clinical.panel@comcare.gov.au](mailto:clinical.panel@comcare.gov.au) Post: GPO Box 9905, Canberra 2601 Fax: 1300 196 971