

Australian Government

Comcare

# **PHYSIOTHERAPY TREATMENT PLAN**

#### PRIVACY

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

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

**TREATMENT PLAN REQUEST** (please tick most appropriate)

Initial Review

## **EMPLOYEE DETAILS**

Employee name				Claim number	
Date of birth	/	/	Occupation		

#### **INJURY DETAILS**

Diagnosis (areas being treated, directly related to compensable condition)

WORK STATUS			

Hours		Current duties	
Pre-injury hours at work	per week	Pre-injury duties Alternative/modified duties	Not working
Current hours at work	per week	Allemanve/modilled dulles	

#### ASSESSMENT

Standardised outcome measures	Initial score		Review score		Review score	
	Date Score		Date	Score	Date	Score
Risk measures	Initial score		Review score		Review score	
	Date	Score	Date	Score	Date	Score

### Barriers

Specify any physical, personal and/or environmental barriers that may influence the employee's return to work and recovery.

## LIST CURRENT ACTIVITY/FUNCTIONAL LIMITATIONS AND RELATED GOALS

Current activity/functional limitations	Related activity goals (include ADL and work/travel goals)	Estimated date of achievement
1.	1.	
2.	2.	
3.	3.	

# **PROPOSED TREATMENT PLAN**

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

## **PROPOSED TREATMENT METHODS**

Treatment details

Self management-indicate strategies that the employee will use to manage their condition

## TREATING PHYSIOTHERAPIST DETAILS

I currently have registration with Australian Health	Practitioner Regulation Agency Yes 🗌 No 🗌
Name	
Address	Phone no
Email	Days/times available
Treating Physiotherapist's signature	Date / /
CONSENT	
with information requested on this form and to disc with officers or representatives of Comcare.	(please print your name) hereby authorise you to supply Comcare cuss the contents of this form and any ongoing issues of my treatment,
Signature of employee or guardian	Date / /