



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

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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

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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 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.

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