☐ SGIC

QBE



Claimant details Full Name:

Claim Number:

Allied Health Management Plan - PHYSICAL

Allianz

This management plan will be considered by SA CTP Approved Insurers when deciding whether to fund a service. Interventions should be aimed at functional recovery with achievable and measurable goals, consistent with available research evidence and clinical guidelines, and encouraging the injured claimant's self-management. As a general rule and to be confident of payment, pre-approval should be obtained from the Approved Insurer for payment of services. Providers may charge for completion of the Management Plan in accordance with ReturntoWorkSA fee schedule. Find out more from the CTP Insurance Regulator's Injury Recovery & Early Intervention Framework, available at: www.ctp.sa.gov.au

☐ AAMI

No. of sessions to date:

Date of accident:			D	ate of initial consult:					
Employment status:	Yes No			If employed, occupation title:					
Pre-injury hours/week:			Cı	Current hours/week:					
Referrer:			Re	eferrer telephone:					
Reason for referral:									
Initial/Current Biopsychoso	cial Assessment								
Presenting injury/injuries: (as a result of the accident)									
Pre-existing conditions or tr prior to the accident:	eatment								
Relevant psycho-social factor	ors:								
Actions taken for the above social factors:	psycho-								
Initial/Current Objective As	sessment								
Outcome Measures*		Previous (tick if first form)		Update					
(recommend >2)		Date		Score	Date		Score		
1.					ţ				
2.									
3.									
Claimant's functional limita (identified from the above m									
Diagnosis and Treatment Pl	an								
Provider's provisional diagn									
			Pla	n of how it will be achi	ieved (e	g treatment type	& frequenc	-v)	
SMART Goals* (Functional & Work Goals)		Estimated date of achievement	Plan of how it will be achieved (e.g. treatment type & frequency) Specific Treatment Type				- 1		
				g. hands-on, exercise, e	etc.)	Frequency & Duration			
1.						sessions/w	eek for	weeks	
2.						sessions/w	eek for	weeks	
3.						sessions/w	sessions/week for week		
Self-management strategies (e.g. home exercise, ADL ma to work, etc.)									
Total No. of Proposed Treatments:		session	sessions, over weeks. RTWSA Fee Schedule applies.						
Others/Comments:									
*Refer to the Injury Recovery	and Early Intervention	on Framework for mo	re inf	formation, available at	: <u>http://</u>	www.ctp.sa.gov.a	<u>u/</u> .		

Please proceed to the next page →

Sensitive: Personal - I3-A3 Page 1 of 2

Allied Health Provider Details											
Provider Name:											
Practice Name & Address:											
Profession of Provider(s)											
Registration Number (if applicable):											
Contact Details:	Phone:	Fax:		Email:							
The claimant has been involved	 d in the development of this m	ment of this management plan			Yes						
A copy of this plan has been pr	ovided to the claimant		Yes								
I declare that I am a registered health practitioner and that the information provided here is true and correct to the best of my knowledge. I agree that CTP Approved Insurers may contact me should any of the above information require clarification.											
Signature:		Date:	/ /								
Please forward the completed Management Plan, copies of medical referrals/correspondence and outcome measures directly to the relevant Approved Insurer from below:											
Insurer: AAMI	Allianz	QBE			SGIC						
Email: sactpclaims@aam	i.com.au claimssactp@a	Illianz.com.au myct	pclaim@qbe	e.com	piclaims@iag.com.au						
	CTD ADD	ROVED INSURER USE	ONLY								
Date: The CTP Insurance Regulato funding request(s) in writin The following is the written	or's Injury Recovery and Ear g within 7 business days of	receipt of the reque	st. Visit <u>ww</u>	w.ctp.sa.gov							
	☐ Yes	Partial									
Funding approval:	No. of Sess	ions Approved (if app	olicable):								
	□No										
If service is partially approapproved, the reasons are											
Insurer Officer's Name: Officer's Signature: Insurer contact details:											

Sensitive: Personal - I3-A3 Page 2 of 2