

Allied Health Management Plan - PSYCHOLOGICAL

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

Claimant details					
Full Name:		<input type="checkbox"/> AAMI	<input type="checkbox"/> Allianz	<input type="checkbox"/> SGIC	<input type="checkbox"/> QBE
Claim Number:		No. of sessions to date:			
Date of accident:		Date of initial consult:			
Employment status:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If employed, occupation title:			
Pre-injury hours/week:		Current hours/week:			
Referrer:		Referrer telephone:			
Reason for referral:					

Initial/Current Biopsychosocial Assessment	
Current Clinical Findings: <i>(including first onset of symptoms, frequency of occurrence, effect on function)</i>	
Pre-existing mental health condition or treatment prior to the accident:	
Any other factors impacting on recovery:	

Test results / Outcome Measure* results (for baseline and comparative purposes)				
Psychometric Measures (recommend >2)	Previous <input type="checkbox"/> tick if first form		Update	
	Date	Score	Date	Score
1.				
2.				
3.				
Claimant's functional limitations: <i>(identified from the above measures)</i>				
Describe psychometric measure progress <i>(e.g. improved function, return to work etc.)</i>				

Diagnosis and Treatment Plan			
Provider's provisional diagnosis:			
SMART Goals* <i>(Functional & Work Goals)</i>	Estimated date of achievement	Plan of how it will be achieved (e.g. treatment type & frequency)	
		Specific Treatment Type <i>(e.g. hands-on, exercise, etc.)</i>	Frequency & Duration
1.		sessions/week for	weeks
2.		sessions/week for	weeks
3.		sessions/week for	weeks
Self-management strategies recommended: <i>(e.g. home exercise, ADL management, return to work, etc.)</i>			
Total No. of Proposed Treatments:	_____ sessions, over _____ weeks. RTWSA Fee Schedule applies.		
Others/Comments:			

*Refer to the Injury Recovery and Early Intervention Framework for more information, available at: <http://www.ctp.sa.gov.au/>.

Please proceed to the next page →

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 in the development of this management plan			<input type="checkbox"/> Yes
A copy of this plan has been provided to the claimant			<input type="checkbox"/> 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@aami.com.au	claimssactp@allianz.com.au	myctpclaim@qbe.com	piclaims@iag.com.au

CTP APPROVED INSURER USE ONLY	
Injury Recovery Interventions Funding Approval	
Date:	
The CTP Insurance Regulator's Injury Recovery and Early Intervention Framework requires Approved Insurers to respond to your funding request(s) in writing within 7 business days of receipt of the request. Visit www.ctp.sa.gov.au for more information.	
The following is the written response to your requested service(s) as outlined in this management plan:	
Funding approval:	<input type="checkbox"/> Yes <input type="checkbox"/> Partial No. of Sessions Approved (if applicable): <input type="checkbox"/> No
If service is partially approved or not approved, the reasons are as follows:	
Insurer Officer's Name:	
Officer's Signature:	
Insurer contact details:	