



Request For Approval of Additional Treatment

ACC 32 Number

Section 1: CLAIMANT DETAILS

ACC 45 Number _____ OR Claim Number _____
 Claimants Name _____
 Date of Birth _____ Date of Injury 01/07/2007
 Claimant's Address _____
 Occupation Accounts Clerk,4121

Section 2: TREATMENT DETAILS

Read Code SD710 Treatment Profile Recommended number of treatments 0
 No. of treatments Given to date 0 No. of Add. treatments requested 0

Section 3: PROVIDER DETAILS

Provider Name/Address or Stamp _____
 Provider Type Physiotherapist
 ACC Provider No. _____
 Telephone No. _____

Section 4: HISTORY, EXAMINATION AND DIAGNOSIS

Initial diagnosis

Mechanism of injury (as described by your patient)

Current diagnosis (include a precise description of the current condition)

Clinical reasoning as to how the initial personal injury covered by ACC is the primary contributing factor to the current condition

Factors contributing to the non-resolution of this injury (eg.post surgical complications, patient non-compliance)

Section 4: HISTORY, EXAMINATION AND DIAGNOSIS

Current functional & clinical limitations and overall functional goal of treatment

(e.g. how is the injury affecting the claimant's independence or ability to work and details of work activities affected)

Section 5: PROPOSED MANAGEMENT / PROGNOSIS

Goals/treatment outcomes expected	Proposed treatment	Expected timeframe to acheive outcomes
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Please note or attach any referral information

Recommendations for other interventions, if any, that you would consider referring to if not acheiving treatment goals
(eg. pain management, cortisone, surgery, etc)

Section 6: CERTIFICATE AND SIGNATURE

This treatment is for the personal injury for which the claimant has cover and:

- * is for the purpose of restoring the claimant's health to the maximum extent practicable and
- * the treatment is necessary and appropriate, and of the quality required, for that purpose

I have discussed the treatment options with the claimant and advised why the recommendation is the appropriate treatment in this case.

Provider's Signature

Date

The information collected on this form will only be used to fulfil the requirements of the injury prevention, rehabilitation, and Compensation Act 2001. In the collection, use and storage of information, ACC will at all times comply with the obligations of the Privacy Act 1993 and the Health Information