**National Injury Insurance Agency, Queensland**

Allied health treatment plan and report

Using this National Injury Insurance Agency, Queensland (NIISQ Agency) Allied health treatment plan and report:

* This treatment plan and report may be used for all allied health therapy interventions.
* This treatment plan and report can be completed following an initial assessment or following an approved block of treatment.
* A separate assessment or progress report is not required unless requested by the NIISQ Agency.
* Please submit this form with sufficient time for the NIISQ Agency to review the request.   
  Suggested timeframe: four weeks prior to the anticipated start date of the new treatment plan.
* Treatment recommended should be consistent with NIISQ’s [Treatment, care and support guidelines](https://niis.qld.gov.au/tcs-guidelines/).
* Please email all completed forms to [requests@niis.qld.gov.au](mailto:requests@niis.qld.gov.au).

It is expected that while delivering NIISQ-funded services, providers adopt the [Clinical framework for the delivery of health services](https://www.tac.vic.gov.au/__data/assets/pdf_file/0010/27595/clinical-framework-single.pdf), within the standards and boundaries of their professional expertise.

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| This is allied health treatment plan number |  | Initial plan  Subsequent plan  Closure report | |
| Total number of consultations provided to date |  | Time since injury | Months:  Years: |
| Date of injury | Click or tap to enter a date. | Date of initial consultation | Click or tap to enter a date. |

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| Provider details | | | |
| Name |  | Company |  |
| Email |  | Phone |  |
| Qualifications and AHPRA registration number (if applicable) | |  | |

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| Participant information | | | | | | | | | |
| Participant name |  | | | | NIISQ case number | | |  | |
| NIISQ-eligible injury | SCI  Level:  AIS: | | TBI | Burns | Blindness | | Amputation(s) | | Brachial Plexus |
| Injury/injuries being treated |  | | | | | | | | |
| NIISQ MyPlan start date | | Click or tap to enter a date. | | | | NIISQ MyPlan end date | | Click or tap to enter a date. | |
| NIISQ MyPlan goal/s relevant to this treatment plan and report | |  | | | | | | | |

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| Assessment outcomes  Only complete if this is an initial treatment plan | |
| Subjective measures |  |
| Objective measures |  |

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| Outcomes of previous treatment  Only complete if this is a subsequent treatment plan | | |
| Previous SMART treatment goals | | Goal attainment |
|  | | Yes  No  Partial |
|  | | Yes  No  Partial |
|  | | Yes  No  Partial |
|  | | Yes  No  Partial |
| Description of treatment provided |  | |
| Subjective outcome measures |  | |
| Objective measures (include functional measures where appropriate) |  | |
| How the treatment provided has supported the participant to work towards their NIISQ MyPlan goals |  | |
| Other comments (e.g. issues affecting treatment) |  | |

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| Treatment plan  Do not complete if this is a closure report | | |
| SMART treatment goals for this treatment plan period | | Anticipated timeframe for achievement (must fall within the treatment plan period) |
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| Treatment modalities |  | |
| How the proposed treatment will assist the participant to work towards achieving their NIISQ MyPlan goals |  | |
| Objective outcome measures that will be used to measure goal achievement (include functional measures where appropriate) |  | |
| Strategies to promote capacity-building and self-management, or advice regarding why this is not possible |  | |
| Anticipated barriers and strategies to manage these |  | |

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| Treatment plan dates  These dates must fall within the participant’s MyPlan dates | | | |
| Start | Click or tap to enter a date. | Finish | Click or tap to enter a date. |

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| Quote  Do not complete if this is a closure report | | | | |
| Service description  Ensure all service types are listed separately (e.g. therapy (*indicate discipline*), assessment, provider travel) | Units (e.g. hours) | Quantity | Cost per unit/session – GST excluded | Total cost |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| TOTAL | | | |  |

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| --- | --- |
| Allied health provider declaration | |
| This treatment plan/report has been developed in consultation with the participant.  *If treatment is recommended*: The participant (including formal/informal decision-maker) agrees with this treatment plan/report and commits to participating.  *If no further treatment is recommended:* The participant (including formal/informal decision-maker) is aware of and understands this. | *(Provider signature)* |
| Date | Click or tap to enter a date. |

Sensitive information

This form collects sensitive information about you, such as your health details or ethnicity. By submitting this form, you consent to NIISQ collecting and handling this information.

Privacy statement

We are collecting your personal information in order to perform our functions under the NIISQ Act. We collect, use, disclose and store your personal information in accordance with the *Information Privacy Act 2009* (Qld), *the National Injury Insurance Scheme (Queensland) Act 2016* (NIISQ Act) and the *National Injury Insurance Scheme (Queensland) Regulation 2016* (NIISQ Regulation). If we cannot collect this information, we may not be able to assist you. It is our usual practice to disclose your personal information to the Permitted Entities prescribed in s14 NIISQ Regulation and mandated by s19(3) of the NIISQ Act. Your personal information will not otherwise be released unless the disclosure is permitted or required by law. Further information on how we handle your personal information can be found in our privacy policy including how to access or update your information. You can also contact our Privacy Officer on 1300 607 566 or [privacy@niis.qld.gov.au](mailto:privacy@niis.qld.gov.au)