

NETWORK PAIN MANAGEMENT PROGRAM: NON COMPLETION OF PROGRAM REPORT



This form is for use by network pain management providers providing services to TAC clients and WorkSafe Victoria (WorkSafe) injured workers. The information in this form is for use by the organisation which has requested it and will not otherwise be exchanged with any other party, except in accordance with the law. Please see section 16 of this form for further information.

IMPORTANT

Please type or use block letters and **ensure that all sections are complete**. All incomplete forms will be returned, so please give reasons if you are unable to complete a section.

1. Client/Injured Worker's Details

Client/Injured Worker's Name

Type of Claim

 TAC WorkSafe

WorkSafe Agent

Client/Injured Worker's Address

 Postcode

Claim Number

Telephone Number

Date of Birth

 / /

Date of Injury

Date Referral Received

 / /

Date Request Form Submitted

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Provider Details

Network Provider Name

Telephone Number

Nominated Treatment Team Leader

Fax Number

2. Dates of Program

Program

Commencement Date

 / /

Program Cease Date

 / /

3. Recommendations

We recommend the following actions take place in the next 8 weeks.

| Discipline <i>e.g. Case Manager</i> | Recommended Action <i>e.g. Approve trial of Lyrica and attend case conference on</i> |
|--|---|
| TAC/WorkSafe Case Manager | |
| General Practitioner | |
| Employer | |

6. Does the treating team believe the client/injured worker will be suitable for another pain management program in the future?

Yes No

Please provide comments below

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7. The client/injured worker's injury or medical condition has been diagnosed as

(For example: chronic pain syndrome, failed back surgery syndrome, complex regional pain syndrome, etc.)

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8. Please outline the contributing factors to the client/injured worker's current presentation

(For example: central sensitisation of the nervous system, neuropathic pain, limited coping skills, normal effects of aging, etc.)

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9. The client/injured worker's presentation includes

(For example: Pain that is constant and burning, reduced sitting and walking tolerances, sleep disturbance, etc.)

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10. Please provide further suggestions regarding appropriate self-management strategies or alternative interventions/treatment program for the client/injured worker

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11. In your opinion the client/injured worker would benefit from the following management

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12. Work Status

The client/injured worker's work status at assessment

- Assessment:** Pre-injury duties Modified/alternate duties Not working Not applicable
Discharge: Pre-injury duties Modified/alternate duties Not working Not applicable

| Status | Hours per week | Duties performed | Restrictions |
|------------|----------------|------------------|--------------|
| Pre-injury | | | |
| Current | | | |

Is pre-injury employment available? Yes No Not applicable

13. (a) What would optimise the success of this client/injured worker returning to work?

(For example, referral to occupational rehabilitation provider)

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(b) What are the barriers to this client/injured worker's return to work?

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14. Medications
Please detail the client/injured worker's medication status at admission

| Medication | Admission | | Early Discharge | |
|------------|-----------|-----------|-----------------|-----------|
| | Dose | Frequency | Dose | Frequency |
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15. Authorisation for TAC clients - Provider

Have you discussed this report with the client or the client's representative and have their consent to supply the TAC with the information collected? Yes No

Signature of Nominated Treatment Team Leader

Print Name

Date

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16. Personal and Health Information

TAC

The TAC will retain the information provided and may use or disclose it to make further inquiries or assist in the ongoing management of the claim or any claim for common law damages. The TAC may also be required by law to disclose this information. Without this information the TAC may be unable to determine entitlements or assess whether treatment is reasonable and may not be able to approve further benefits and treatment.

WorkSafe

Personal and health information collected by WorkSafe Victoria (WorkSafe) on this form is used for the purpose of processing, assessing and managing claims under Victorian workers compensation legislation. It may also be used for other related purposes including legal proceedings arising under the legislation, to assist with a worker's rehabilitation and return to work and to assist WorkSafe and its Agents to better manage claims generally.

For the purposes of processing, assessing and managing a claim, WorkSafe and the Agent of the injured worker's employer may disclose personal and health information about the worker to each other and to the following types of organisations:

- employees, contractors and agents of WorkSafe and WorkSafe Agents;
- employers of the injured worker;
- solicitors, medical practitioners and other health service providers, private investigators, loss adjusters and other service providers acting on behalf of WorkSafe or the Agent in relation to the claim;
- the Accident Compensation Conciliation Service and Medical Panels;
- a court or tribunal in the course of criminal proceedings or any proceedings under any of the Acts which WorkSafe administers;
- any other person, organisation or government agency authorised by you, or by law, to obtain the information.

An individual may request access to personal and health information about them collected by WorkSafe or an Agent by contacting the Agent.

WorkSafe's Privacy Policy is available at the nearest WorkSafe office or at www.worksafe.vic.gov.au.