This form is used to request prosthetic treatment for TAC clients and WorkSafe 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 law.

**Please see section 8 of this form for further information regarding privacy.**

**IMPORTANT**

Please refer to the notes for assistance in completing this form, availablewww.worksafe.vic.gov.au or www.tac.vic.gov.au

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 / Worker Details

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Client/worker name | |  | Type of claim | |  | | WorkSafe Agent (if applicable) |
|  | |  | TAC | WorkSafe | |  |  |
| Claim number | In-patient |  | Referred by | | |  | Referrer telephone number |
|  | Yes  No |  |  | | |  |  |
| Date of birth | Date of injury |  |  | | |  |  |
| /       / | /       / |  |  | | | | |

1. Amputation Details

|  |  |  |
| --- | --- | --- |
| Level of amputation |  |  |
|  |  | Left  Right  Bilateral |
| Date of amputation |  | Current weight (kg) |
| /     / |  |  |

3. Current work/functional status

|  |
| --- |
| Normal duties  Modified duties  Not working  Not employed pre accident *(TAC only)* |

Current physical condition

|  |
| --- |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Prosthetic functional status  *Medical Functional Classification Level/K Level scale*  Note: not required for upper limb |  | 0 |  | 1 |  | 2 |  | 3 |  | 4 |

4. Current Prosthesis

Detail current prosthesis

|  |
| --- |
|  |

|  |
| --- |
| Date fitted |
| /     / |

Current function

|  |
| --- |
|  |

Current limitations

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| 5. Proposed prescription |  |  |

|  |  |  |
| --- | --- | --- |
| Prosthetic request |  | Type of prosthesis |
| Major repair  New prosthesis  Change of prescription |  | Interim  Definitive  Recreational |
| Socket |  | Warranty |
|  |  |  |

Predicted outcomes

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Components** | **Description** | **Warranty** | **Total** |
| Type of suspension |  |  |  |
| Foot/hand module |  |  |  |
| Knee/elbow |  |  |  |
| Hip/shoulder |  |  |  |
| Cosmesis |  |  |  |
| Other |  |  |  |
| Consumables\* |  |  |  |

*\*Please detail expected consumables for the subsequent 12 months*

|  |  |  |  |
| --- | --- | --- | --- |
| **Item number**  **private/public** | **Total components and consumables** |  |  |
| PR614/PUB614 | Major repairs OR |  |  |
| PR612/PUB612 | New prosthesis/change of prescription |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Item no: private/public** | **Clinical services** |  |  |
| PR606/PUB70D | Prolonged consultation | hrs @       per hour |  |
| PR608/PUB608 | Manufacturing | hrs @       per hour |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Total |  |

6. Justification of prosthetic treatment request

Clinical/technical

|  |
| --- |
|  |

Allied health

|  |
| --- |
|  |

7. What is the anticipated maintenance regime?

|  |
| --- |
|  |

Prosthetist’s details and authorisation

I have discussed the information provided in this treatment notification plan with my patient, including the prosthetic components requested, and the aims/predicted outcomes/maintenance and training requirements.

|  |  |  |
| --- | --- | --- |
| Provider name, address and phone no. *Use practice stamp where possible* |  | Signature |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  | Days/hours available |
|  |  |  |
|  |  | Date |
|  |  | /     / |

All questions must be answered for this request to be considered. Please attach any information that may be relevant.

8. Personal and Health Information

Personal and health information collected on this form will be retained and used for the purpose of processing, assessing and managing claims under the *Accident Compensation Act 1985* by WorkSafe and any WorkSafe Agent acting for WorkSafe (Agent) and theTransport Accident Commission (TAC)under the *Transport Accident Act 1986* (the Acts). It may also be used for other related purposes including assisting with an individual’s rehabilitation, return to work and to assist WorkSafe, Agents and the TAC to better manage claims and improve processes generally. Without this information, WorkSafe, Agents and the TAC may be unable to determine entitlements, assess the reasonableness of treatment and services and may not be able to approve further treatment or services.

Depending on the nature of your claim, the information collected on this form will be used by either WorkSafe, Agents or the TAC and will not be exchanged between them without your consent or unless authorised by law. For the purposes of processing, assessing and managing a claim, WorkSafe, Agents or the TAC may disclose personal and health information about you to their employees, contractors and agents and to:

* employers
* solicitors, medical practitioners and other health service providers, private investigators, loss adjusters and other service providers, including; occupational or vocational rehabilitation providers, performing a function in relation to the claim;
* in the case of WorkSafe, 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 and associated regulations;
* any other person, organisation or government agency authorised by you, or by law, to obtain the information.

To access your personal and health information or to obtain a copy of WorkSafe's privacy policy, go to [worksafe.vic.gov.au](http://www.worksafe.vic.gov.au) or phone 1800 136 089. To access your personal and health information or to obtain a copy of TAC's privacy policy, go to [tac.vic.gov.au](http://www.tac.vic.gov.au) or phone 1300 654 329.