## Your client’s privacy

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.

## Client details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Claim number |  | Date of accident |  | Date of birth |
| Click or tap here to enter text. |  | DD / MM / YYYY |  | DD / MM / YYYY |

|  |
| --- |
| Client name |
| Click or tap here to enter text. |
| Client address |
| Click or tap here to enter text. |
| Suburb: Click or tap here to enter text. | Post code XXXX |

|  |  |  |
| --- | --- | --- |
| Client phone number |  |  |
| Click or tap here to enter text. |  |  |

## General introduction

Accident related injuries which may restrict ability to use public transport and / or a standard car

|  |
| --- |
| Click or tap here to enter text. |

Pre accident and non-accident related injuries or illnesses

|  |
| --- |
| Click or tap here to enter text. |

Social situation

include living situation, any imminent changes to living circumstances, support from family and friends, social networks etc.

|  |
| --- |
| Click or tap here to enter text. |

Driving status history, current licence, ownership of vehicle etc.

|  |
| --- |
| Click or tap here to enter text. |

## Current functional status

Please comment on how client’s current functional status is impacting on client’s ability to use public transport and/or a standard car.

|  |  |  |
| --- | --- | --- |
|  | Current functional status | Anticipated change in functional status (include time frame) |
| Physical / sensory issues | Click or tap here to enter text. | Click or tap here to enter text. |
| Cognitive / behavioural issues | Click or tap here to enter text. | Click or tap here to enter text. |
| Psychological / emotional issues | Click or tap here to enter text. | Click or tap here to enter text. |

## Pre accident, current and proposed community access details

Please detail main transport mode used for each community access area, the frequency, travel time and cost, if appropriate
e.g. client travels in taxi once a week, this takes two hours to get there and costs $100.00 each outing

Work

|  |  |
| --- | --- |
| Pre accident | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Current | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Proposed | Click or tap here to enter text. |

Comments Describe if assistance is required with use of transport and / or at destination

|  |
| --- |
| Click or tap here to enter text. |

School

|  |  |
| --- | --- |
| Pre accident | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Current | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Proposed | Click or tap here to enter text. |

Comments Describe if assistance is required with use of transport and / or at destination

|  |
| --- |
| Click or tap here to enter text. |

Community ADLs (e.g. shopping, banking)

|  |  |
| --- | --- |
| Pre accident | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Current | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Proposed | Click or tap here to enter text. |

Comments Describe if assistance is required with use of transport and / or at destination

|  |
| --- |
| Click or tap here to enter text. |

Treatment / rehabilitation

|  |  |
| --- | --- |
| Pre accident | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Current | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Proposed | Click or tap here to enter text. |

Comments Describe if assistance is required with use of transport and / or at destination

|  |
| --- |
| Click or tap here to enter text. |

Recreation / sport / social (group and individual programs)

|  |  |
| --- | --- |
| Pre accident | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Current | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Proposed | Click or tap here to enter text. |

Comments Describe if assistance is required with use of transport and / or at destination

|  |
| --- |
| Click or tap here to enter text. |

Other

|  |  |
| --- | --- |
| Pre accident | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Current | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Proposed | Click or tap here to enter text. |

Comments Describe if assistance is required with use of transport and / or at destination

|  |
| --- |
| Click or tap here to enter text. |

## Summary of recommendations

Please indicate your recommendations by selecting one or more of the following categories and detail your recommendations below.

|  |  |
| --- | --- |
| Travel training | Choose Yes or No. |

|  |  |
| --- | --- |
| Other treatment/rehabilitation  | Choose Yes or No. |

e.g. how to book a taxi

|  |  |
| --- | --- |
| Review of driving ability  | Choose Yes or No. |

e.g. driving assessment, neuropsychologist review

|  |  |
| --- | --- |
| Use of information supports or community transport options | Choose Yes or No. |

e.g. council community bus, MET information line

|  |  |
| --- | --- |
| Assessment for equipment and / or modifications to an existing vehicle | Choose Yes or No. |

e.g. grab rail, swivel seat, small mobile hoist

|  |  |
| --- | --- |
| Assessment for TAC vehicle contribution & modifications (see below\*) | Choose Yes or No. |

\*Only complete below questions if Assessment for TAC vehicle contribution & modifications is recommended

## Client’s anticipated driving status

|  |  |
| --- | --- |
| Client as a driver | Choose Yes or No. |

|  |  |
| --- | --- |
| Client as a passenger | Choose Yes or No. |

|  |  |
| --- | --- |
| Client as a driver and passenger | Choose Yes or No. |

|  |  |
| --- | --- |
| Client as a passenger now, with potential to drive in the future | Choose Yes or No. |

## Wheelchair Accessible Vehicle Recommendation

If wheelchair accessible vehicle is required please recommend tier to be assessed below

|  |  |
| --- | --- |
| **Tier 1** – Wheelchair Access Vehicle - First Row Wheelchair Conversion | Choose Yes or No. |

* Structural modification for Occupied Wheelchair access
* Occupied Wheelchair entry access, Ramps/Hoists/Lifts
* Occupied Wheelchair access to Driver and or Passenger front row positions
* Transfer access to Driver and or Passenger front row seating.
* Docking stations
* Wheelchair restraints
* Primary and Ancillary controls
* Replacement seating

|  |  |
| --- | --- |
| **Tier 2** – Wheelchair Access Vehicle – Second Row Wheelchair conversion  | Choose Yes or No. |

* Structural modification for Occupied Wheelchair access
* Occupied Wheelchair entry access, Ramps/Hoists/Lifts
* Occupied Wheelchair access to second row position
* Docking stations
* Wheelchair restraints
* Replacement seating

Comments / additional information

|  |
| --- |
| Click or tap here to enter text. |

Please note: following review of this form by the TAC, a Vehicle Needs Assessment may be requested.

## Client authorisation

|  |  |
| --- | --- |
| Have you discussed this Transport Needs Assessment Reportwith the client or the client’s representative? | Choose Yes or No. |

|  |  |
| --- | --- |
| Has the client or the client’s representative consented to supply the TAC with the personal and health  | Choose Yes or No. |

information collected?

## Provider details

|  |  |  |
| --- | --- | --- |
| Provider name, address and phone number Use practice stamp where possible |  |  |
|  |  | Qualifications |
|  | Click or tap here to enter text. |
|  | Days/hours available |  | Date |
|  | Click or tap here to enter text. |  | DD / MM / YYYY |
|  | Signature |  |  |
|  |  |

|  |
| --- |
| *Two signature options:*1. *Insert image (jpg/png) of signature in field above and submit by email.*
2. *Print the form, sign by hand, scan and submit by email.*
 |