****

**Instructions**

Use this form to request rehabilitation at home services for a TAC client. Complete only if you have registered with the TAC to deliver these services.

# Section 1

## TAC client details

|  |  |
| --- | --- |
| First name |  |

|  |  |
| --- | --- |
| Last name |  |

|  |  |  |  |
| --- | --- | --- | --- |
| TAC claim number |  | Date of accident | / / |

|  |  |
| --- | --- |
| Date of birth | / / |

|  |  |
| --- | --- |
| Street name and number |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Suburb/Town |  | Post code |  |

|  |  |
| --- | --- |
| Client phone number |  |

|  |  |
| --- | --- |
| Client email address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of hospital discharge | / / | Referring hospital |  |

|  |  |
| --- | --- |
| Referral reason |  |

|  |  |  |
| --- | --- | --- |
|  | If ‘other’, provide details |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Estimated RAH start date | / / | Estimated RAH end date | / / |

**Injuries for rehabilitation/treatment**

|  |  |  |  |
| --- | --- | --- | --- |
| Injury type | Side of body | Location | Specific location (e.g. thumb, 1-2 vertebrae) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Pre-existing co-morbidities** (indicate ‘yes’ for all that apply)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Arthritis |  | Cancer |  | Cardiac disease |  | Chronic pain |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Dementia |  | Diabetes |  | Mental health |  | Neurological condition |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Obesity |  | Renal failure |  | Respiratory disease |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | Other (please describe) |  |

# Section 2

## GOALS AND OUTCOME MEASURES

|  |  |  |  |
| --- | --- | --- | --- |
| **PCAM scores** |  | **EQ-5D-5L scores** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Category | Score |  | Category | Score |
| Health and wellbeing |  |  | Mobility |  |
| Social environment |  |  | Self-care |  |
| Health literacy and communications |  |  | Usual activities |  |
| Service co-ordination |  |  | Pain/discomfort |  |
| Total |  |  | Anxiety and depression |  |

### Rehabilitation goals

|  |  |  |
| --- | --- | --- |
| Rehabilitation goal | Current state | Expected outcome (after 8 weeks) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

### Outcome measures

|  |  |  |  |
| --- | --- | --- | --- |
| Measurable goals (e.g. attend local shops by increasing walking distance) | Measurable tool (e.g. six-minute walk) | Current measurable score and date (e.g. 100 metres recorded on 1 July 2023) | Discipline addressing each goal |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# SECTION 3

## PROVIDER DETAILS

|  |  |
| --- | --- |
| Clinician name, clinic name, billing number, address,  email and phone number  (Type details or insert image of  practice stamp) |  |

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

|  |  |
| --- | --- |
| Signature  Insert image (jpg/png) of signature.  (Or print, sign and scan the form) |  |

Icon

Description automatically generated

|  |  |
| --- | --- |
| **Date** | / / |

**Icon

Description automatically generated**

**Submitting this form**

Email your completed form to either:

1. your TAC claims manager, or
2. [info@tac.vic.gov.au](mailto:info@tac.vic.gov.au) with [sectors@tac.vic.gov.au](mailto:sectors@tac.vic.gov.au) cc-ed

Include the client’s TAC claim number in the subject line. Please attach any supporting documentation.

### Privacy

The TAC will retain the information provided and may use or disclose it to make further inquiries to 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 the treatment is reasonable and may not be able to approve further benefits and treatment. If you require further information about our privacy policy, please call the TAC on 1300 654 329 or visit our website at [www.tac.vic.gov.au](http://www.tac.vic.gov.au)