

**Instructions**

Please use this assessment form to establish an OT plan and request funding to provide services
to a TAC client.

The plan aims to enable a person to work towards their goals around returning to, or enhancing
participation in, their personal, family, home and community life.

# 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 |   |

|  |  |
| --- | --- |
| Key contact if not client |   |

|  |  |
| --- | --- |
| Key contact phone number |   |

|  |  |
| --- | --- |
| Relationship of key contact |   |

(e.g. parent, partner, guardian)

# Section 2

## Assessment details

Name of occupational therapist completing plan

|  |
| --- |
|   |

|  |  |
| --- | --- |
| Date of assessment |  / /  |

# Section 3

## Key life areas

Briefly outline areas discussed with the person for which further functional gains are identified or anticipated,
e.g. personal care, home living, education, employment, recreation/leisure, fire safety and emergency management, community access.

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# Section 4

## Person’s current situation

### Current social situation

Briefly outline where the person lives, the stability/permanency of accommodation, who they live with, any other formal or informal supports.

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### Current capabilities

Briefly outline transport accident injuries and medical history. Consider the person's capabilities in the following areas: physical, cognitive, sensory, communication and behavioural/emotional issues and prognosis.

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Summarise how the person’s current capabilities are impacting on their ability to carry out desired activities:

### Personal care

|  |  |
| --- | --- |
| Current capabilities | Anticipated change in capabilities (include time frame) |
|   |   |

### Domestic/home-based activities

|  |  |
| --- | --- |
| Current capabilities | Anticipated change in capabilities (include time frame) |
|   |   |

### Community-based tasks

Includes work, study and recreation/leisure.

|  |  |
| --- | --- |
| Current capabilities | Anticipated change in capabilities (include time frame) |
|   |   |

Are there cultural or other considerations that impact upon the person’s preferences for the OT Plan?

Please outline.

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# Section 5

## Assessments used in compiling the service assessment

Please note any assessments, outcome measures or clinical guidelines used to prepare intervention for the plan. For example, SCI Level/ASIA, CANS, COPM, SMAF, PSFS, AMPS, DACSA. Attach report summary and scores with this assessment if relevant. Refer to notes for further information if needed.

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# SECTION 6

## GOALS SET IN COLLABORATION WITH THE PERSON

These goals should support areas of function identified by the person and should be realistically achievable within the duration of the OT intervention. There is no specific number of goals required. Add additional rows if needed.

### Goal

Ensure the goals are specific, measurable, activity based, achievable, realistic and timely (SMART goals).
It should be clear how outcome will be measured. Refer to notes if more information required.

### Proposed strategies

Note who will be involved, e.g. OT, family members, other support people.

|  |  |  |
| --- | --- | --- |
| Goal | Proposed strategies | OT hours requested |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
| Total hours |   |

# section 7

## Clinical justification

How will the OT plan address key life areas identified by the person, and contribute to enhancing participation in occupational activities and roles with reference to the [TAC Clinical Framework](https://www.tac.vic.gov.au/providers/working-with-the-tac/clinical-framework)? Are there any anticipated changes in support needs resulting from the plan that will assist a transition to self-management? For example, will the plan lead to increased independence and reduced funded support hours?

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# section 8

## Other assessments recommended, if any

Note if you are recommending further detailed assessment, e.g. home services, assistive technology, or referral to another provider. Please refer to the [TAC provider guidelines](https://www.tac.vic.gov.au/providers/working-with-tac-clients/guidelines) for process required.

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# section 9

## Summary of hours and duration for OT intervention

|  |  |
| --- | --- |
| Total hours of individual services |   |

|  |  |
| --- | --- |
| Total hours of OT travel time |   |

|  |  |
| --- | --- |
| Proposed commencement date |  / /  |

|  |  |
| --- | --- |
| Proposed review date |  / /  |

If intervention is requested beyond the end date of this plan, the OT will be requested to complete [OT Plan Review](https://www.tac.vic.gov.au/providers/documents-and-forms) after the above intervention timeframe.

# SECTION 10

## PROVIDER DETAILS

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

|  |  |
| --- | --- |
| SWEP credentialing level |   |

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

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



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



**Submitting this form**

Email your completed form to your TAC claims manager or to info@tac.vic.gov.au with the client’s TAC claim number in the subject line. Please also 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)