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**Instructions**

Use this form to request the extension of 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 |  / /  | Date of TAC referral |  / /  |

|  |  |  |  |
| --- | --- | --- | --- |
| Estimated RAH extension start date |  / /  | Estimated RAH discharge 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

**EQ-5D-5L scores**

|  |  |
| --- | --- |
| Category  | Score  |
| Mobility |   |
| Self-care |   |
| Usual activities |   |
| Pain/discomfort |   |
| Anxiety and depression |   |

### Rehabilitation goals

|  |  |  |  |
| --- | --- | --- | --- |
| Rehabilitation goal | Initial state | Outcome to date | Reason for delay |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

 If ‘other’ selected for a reason for delay, please provide details.

|  |
| --- |
|   |

### 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

## DETAILS FOR EXTENSION

Clinical justification for the provision of rehabilitation at home and why needed over community-based services

|  |
| --- |
|   |

|  |  |
| --- | --- |
| Extension timeframe |   |

**Frequency/type of services being requested**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Therapy | 1/2-hour sessions per day | Number of days per week | Number of weeks | Total sessions |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |

### Expected progress with extension against client’s rehabilitation goals

|  |  |  |
| --- | --- | --- |
| Rehabilitation goal | Current state | Expected progress |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |

 If ‘other’’ selected for a reason for delay, please provide details.

|  |
| --- |
|   |

### Expected progress with extension against client’s 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 4

## PROVIDER DETAILS

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

|  |  |
| --- | --- |
| 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 either:

1. your TAC claims manager, or
2. info@tac.vic.gov.au with 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)