Patient information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Claim number |  | Date of accident |  | Date of birth |
|   |  |  / /  |  |  / /  |

|  |
| --- |
| Patient’s name |
|   |

Is a Schedule 8 treatment permit in place for this client? [ ]  Yes [ ]  No [ ]  Not applicable

Opioid information

1. What is the likely duration of this client’s opioid requirement? *(Select one option)*

[ ]  1 to 3 months[ ]  3 to 6 months [ ]  6 to 12 months [ ]  More than 12 months

2. Are you aware of any risk factors for the prescription of opioids for this client? [ ]  Yes [ ]  No

3. Is an opioid tapering plan in place? [ ]  Yes [ ]  No

|  |  |  |
| --- | --- | --- |
| **If yes:** Commencement date for plan |  / /  |  |

 Tapering duration: [ ]  1 to 3 months [ ]  3 to 6 months [ ]  6 to 12 months [ ]  More than 12 months

## TAC support

The TAC Clinical Panel consists of experienced health and medical professionals who can support you as you treat TAC clients. They can provide advice about the most effective treatment options and pathways and offer recommendations for managing complex clients.

Would you like a clinician from the Clinical Panel to contact you in regard to your patient’s treatment? [ ]  Yes [ ]  No

|  |  |  |
| --- | --- | --- |
| Insert practice stamp if available  |  | Signature |
|  |  |  |
|  |  |
| Or fill in provider name, address and phone number |  |  |  |  |
|  | HIC provider no. |  |   |
|   |  |  |  |  |
|  | Qualifications |  |   |
|  |  |  |  |
|  | Date |  |  / /  |  |

 Two signature options:

1. Insert an image (jpg/png) of your signature in the field above and submit by email.

 2. Print the form, sign by hand, scan and submit by email.

## Acknowledgement

I have discussed this treatment plan with my patient and I agree to discuss this plan with members of the TAC Clinical Panel as required. I understand that I can only bill the TAC for treatment that is directly related to my patient’s transport accident.

Please return this form via email to info@tac.vic.gov.au and include the TAC claim number in the subject line.

## Your patient’s 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)