

Allied health treatment request

To be used by allied health practitioners working with NSW workers compensation and Compulsory Third Party (CTP) claims.

How do I complete this form?

1. Complete each section with the person with an injury
2. Sign the form
3. Submit the form to the insurer managing the person's claim

Once submitted, insurers have:

- 21 days to make a decision about treatment requests in the workers compensation scheme (except for services specified in Table 4.1 and 4.2 of the [Workers compensation guidelines](#)).
- 10 days to make a decision about treatment requests in the CTP scheme.

Where do I go for help?

Read the Allied health treatment request Explanatory notes at: sira.nsw.gov.au/ahttr

Request number This is the number of request forms submitted	Date of request (DD/MM/YYYY)
Date services first commenced (DD/MM/YYYY)	Total number of consultations to date
Your allied health discipline	Other
Referred by	Phone number

Section 1: Details of person with an injury

Name	Date of birth (DD/MM/YYYY)
Pre-injury occupation	Pre-injury work hours/week (average)
Claim number	Date of injury/crash (DD/MM/YYYY)

Section 2: Your clinical assessment

Compensable injury/illness

Current clinical signs and symptoms

Risk screening

Have you applied a risk screening tool in your assessment?

Yes

No

e.g., OMPSQ-SF, Keele STarT Back, Whip-Predict, K10 etc

Name of risk screening tool

Date administered (DD/MM/YYYY)

Score/comment

Details of any pre-existing conditions directly relevant to the compensable injury

Capacity

Do you have a copy of the position description/work duties (workers compensation and where relevant CTP)

Yes No If no, insurer to provide.

	Pre-injury capacity Describe what the person did before the injury(s) related to this claim	Current capacity Describe what the person can do now
Work occupation, tasks, days/hours worked		
Usual activities activities of daily living, driving, transport, leisure		

Standardised Outcome Measures (SOM) – At least one measure to be reported

Measure	Initial score Date and score of the first SOM completed		Previous score Date and score of the SOM completed for submission of the previous AHTR		Current score Date and score of the latest SOM completed	
	Date	Score	Date	Score	Date	Score
e.g. Neck Disability Index	1/02/23	21/50	N/A	N/A	26/03/23	14/50
e.g. DASS	1/02/23	Depression=24 Anxiety=19 Stress=33	22/03/23	Depression=19 Anxiety=15 Stress=28	21/07/23	Depression=15 Anxiety=11 Stress=22
1.						
2.						
3.						

Interpretation of score(s)

Section 3: Barriers to recovery and strategies to address

Barriers to recovery identified through your screening and assessment

Section 5: Service requested

Service type include consultation type, other services e.g., aids/equipment	Number of sessions or hours if case conferencing	Frequency/ timeframe e.g., 1 consultation/week	Service code where applicable	Cost per session/item	Total cost
				Overall total	

Section 6: Your details

Treating practitioner name

Practice email

Ahpra registration or membership number

Best time/day to contact

Practice name

SIRA approval number (workers compensation only)

Suburb

State

Postcode

Treating practitioner email

Phone number

Fax

Signature

Section 7: Insurer decision

Approved

Approval of some services only

Declined

More information required

An explanation must be provided below if the insurer's decision is 'Approval of some services only', 'Declined' or 'More information required'.

Insurers note: You must provide additional documentation to support the decision to decline any services. This must be in line with legislative obligations.

Explanation

Contact name

Signature

Phone number

Date (DD/MM/YYYY)

Email