Health practitioner examination report

Victims of Crime Assistance Act 2009, form 4, v3

Approved for use from 1 March 2021

Under section 73(4) of the *Victims of Crime Assistance Act 2009* the Government Assessor may ask an applicant (the patient) to undergo an examination by a health practitioner as defined in the Act. This may include provision of an independent medical examination report.

The patient has given prior consent for the report to be provided to the Government Assessor. A copy of the patient's signed consent form is attached. The purpose of the report is to provide the Government Assessor with information necessary to decide a grant for financial assistance to pay for, or reimburse, the costs of goods and services that the victim requires to recover from the physical or psychological effects of an act of violence.

Email: Post: Victim Assist Queensland, GPO Box 149, Brisbane, Qld, 4001 VictimAssist@justice.qld.gov.au 1. Patient details Full name: Please note: Date of birth: The application reference number and information about the act of violence are Address: in the attached letter. Application reference #: Assessment/examination date: 2. Patient injuries Sources of information informing this Please note: E.g. patient files, contact with patient, We can only provide financial assistance contact with treating practitioner. for injuries that were directly caused by **Primary diagnosis** the act of violence. If assessing psychological injuries, Eligible injuries may include any of the please provide DSM5 diagnosis. following: If assessing more than 1 injury, please physical injuries provide details for each. psychological injuries exacerbation of a pre-existing physical or psychological condition. Primary cause of injury For victims of sexual offences that occurred after 19 December 1997 or domestic and family violence that occurred after 1 July 2017; an injury may Are there any pre-existing conditions also include an adverse impact. Adverse we should be aware of? impacts include any of the following: If yes, what is the original diagnosis and how has the patient's a sense of violation condition changed? adverse reactions to others reduced sense of self-worth a negative impact on sexual relations increased fear or insecurity a negative impact on feelings. 3. Treatment progress What stage of treatment is the patient Treatment of injuries Acute care/stabilisation currently focusing on? Rehabilitation/reintegration Winding down care * A condition is stable and stationary Exacerbation resolved, mainly treating pre-existing condition when the condition is not likely to improve further with treatment. This Maintenance /monitoring of stable and stationary* injury

suggest the condition has reached maximal medical improvement and

that suitable rehabilitation has been

carried out.

Other:



4. Treatment details We recognise it may be difficult to separate the act of violence injury, illness or condition from pre-existing conditions (particularly with treatment and rehabilitation activities). However, assessment of treatment needs and any permanent impairment must be restricted to the act of violence component of the injury, illness or condition.	Current treatment	What treatment/therapies has the treating practitioner been using to date?
	Diagnostics	Have any diagnostics been carried out to date? If yes, please provide details.
		Would any other diagnostics help identify the injuries and/or the best course of treatment.
	Medications	
	Opinions	In your professional opinion, is the current treatment helping the patient recover from their injuries?
		With the current injuries in mind, is the current treatment/therapy considered appropriate and in-line with current best-practice?
5. Prognosis	What is the likely outcome of the current treatment?	
	Based on your diagnosis has the injury/exacerbation caused by the act of violence ceased? If not, when do you expect it is likely to be resolved?	
	If the patient has a pre-existing condition: what is the anticipated duration of treatment for the act of violence component, and at what point is the treatment likely to focus primarily on the pre-existing condition?	
6. Recommendations	Are there any other recommendations you would like to make?	
	Please add any additional comments to assist the Government Assessor in making their decision.	
Practitioner name:	Practice	e name:
Phone:	Fax:	
Email:	Provider number:	
Specialty:	Registration Board:	
Membership number:	Practice stamp:	
Signature:		
Date:		
the patient's application for financial assi	stance in accordance with the <i>Victims of</i> Act 2009 and the Human Rights Act 2019	g practitioner and patient information for the purposes of assessing <i>Crime Assistance Act 2009</i> . DJAG manages personal information in 9.Personal information will not be disclosed to third parties unless d for research purposes.