

Comprehensive clinical report

Victims of Crime Assistance Act 2009, v1— effective 28 August 2020

Under section 64 and 103 of the *Victims of Crime Assistance Act 2009* the Government Assessor may ask an applicant (the patient) for further information the assessor reasonably requires to decide the application or amend a decision.

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.

Post:
Victim Assist Queensland, GPO Box 149, Brisbane, Qld, 4001

Email:
VictimAssist@justice.qld.gov.au

Fax:
(07) 3013 5365

1. Patient details

Please note:

The application reference number and information about the act of violence are in the attached letter.

Full name:
Date of birth:
Address:

Application reference #:
Assessment/examination date:

2. Patient background

Please note:

We can only provide financial assistance for injuries that were directly caused by the act of violence.

Eligible injuries may include any of the following:

- physical injuries
- psychological injuries
- exacerbation of a pre-existing physical or psychological condition.

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 also include an adverse impact. Adverse impacts include any of the following:

- a sense of violation
- adverse reactions to others
- reduced sense of self-worth
- a negative impact on sexual relations
- increased fear or insecurity
- a negative impact on feelings.

What is the primary reason for visits and/or presenting problem?

Primary diagnosis

If assessing psychological injuries, please provide DSM5 diagnosis.
If assessing more than 1 injury, please provide details for each.

Primary cause of injury

Are there any pre-existing conditions we should be aware of?

Is the current injury an exacerbation of a pre-existing injury, illness or condition?

Yes

No

If yes, what is the original diagnosis and how has the patient's condition changed?

3. Treatment progress

What stage of treatment is the patient currently focusing on?

* A condition is stable and stationary when the condition is not likely to improve further with treatment. This suggest the condition has reached maximal medical improvement and that suitable rehabilitation has been carried out.

Acute care/stabilisation

Treatment of injuries

Rehabilitation/reintegration

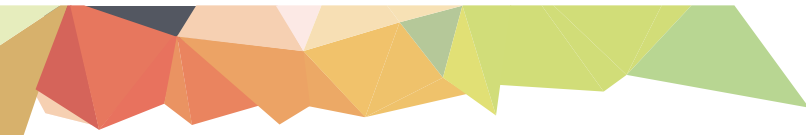
Winding down care

Exacerbation resolved, mainly treating pre-existing condition

Maintenance /monitoring of stable and stationary* injury

Other:





4. Treatment plan

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 or proposed treatment

What treatment/therapies are you using?

Diagnostics

What diagnostic tools (including psychometric measures) are you using?

Medications

What medications, if any, is the patient taking for these injuries?

Progress towards recovery

What outcome measures, if any, are you using?

How has the patient responded to treatment to date?

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 name:

Phone:

Fax:

Email:

Provider number:

Specialty:

Registration Board:

Membership number:

Practice stamp:

Signature:

Date:

Privacy notice: The Department of Justice and Attorney-General (DJAG) is collecting practitioner and patient information for the purposes of assessing the patient's application for financial assistance in accordance with the *Victims of Crime Assistance Act 2009*. DJAG manages personal information in accordance with the *Information Privacy Act 2009* and the *Human Rights Act 2019*. Personal information will not be disclosed to third parties unless authorised or required by law. De-identified statistical information may also be used for research purposes.