

BlueHub Treatment Review

This form aims to:

- assist you in reviewing treatment to date
- help the worker review their goals to guide their treatment team
- improve treatment by providing information to other clinicians involved in the worker's care
- inform the agent about the worker's treatment needs and progress
- ensure treatment remains appropriate and aligns with the Clinical Framework for the delivery of health services.

Details

Worker's name:

Claim Number:

Occupation/Job title:

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General Practitioner's name:

Referrer's name:

Date of referral:

Date of first session:

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Referring to the BlueHub Assessment Summary and Treatment Plan, please review the progress and ongoing recommendations

1. Your DSM diagnosis, with respect to the claimable injury, using the latest published version of the DSM

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2. With respect to the claimable injury, describe the psychological and physical symptoms the worker is currently presenting:

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3. **With respect to the claimable injury, what changes have occurred to the following (compare to the Assessment Summary and Treatment Plan)**

3.1 Home life
3.2 Social engagement
3.3 Emotional wellbeing/quality of life
3.4 Readiness to return to work or progress with the support of occupational rehabilitation services
3.5 Other

4. Goals – refer to goals identified on the Assessment Summary and Treatment Plan	Progress with goal
	Setback experienced No progress Progressing towards goal Goal Achieved Exceeded goal expectations
	Comments:
	Setback experienced No progress Progressing towards goal Goal Achieved Exceeded goal expectations
	Comments:
	Setback experienced No progress Progressing towards goal Goal Achieved Exceeded goal expectations
	Comments:
	Setback experienced No progress Progressing towards goal Goal Achieved Exceeded goal expectations
	Comments:

5. Outcome measures – including individual goal attainment scales and validated psychometrics, results and interpretation

5.1 Previous scales, results and interpretation from the last Assessment Summary and Treatment Plan

Scale	Date	Result	Interpretation

5.2 Follow-up results

Scale	Date	Result	Interpretation

6. Factors that are impeding recovery	How may these be addressed?

7. Details of factors that are improving recovery (personal strengths or situational factors)

8. What else would help the worker with their recovery at this time?

9. **With respect to the claimable injury, what changes have occurred to the following (compare to the Assessment Summary and Treatment Plan)**

9.1 How many sessions have you provided?

9.2 How many sessions do you anticipate will be required over the next 6-12 months and at what frequency?

9.3 What is your clinical rationale for the treatment frequency?

10. Which other clinicians have you, or will you, collaborate with to enhance the worker's treatment and recovery?

Professional discipline(s)

Name(s)

11. Clinician Details

Name

Address

Provider Number

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Clinician's signature

Date

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12. Consent (provider can sign on behalf of worker if verbal consent has been provided)

Signature of worker, parent, or guardian

Date

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Full name (please print)

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What's next?

A case manager will contact you if they require any further information.

Please contact the worker's case manager if there is anything you would like to discuss or recommendations to follow up.

For Psychologists, use the **BH105** service funding code for submission of the form.

For Mental Health Social Workers, use the **BH405** service funding code for submission of the form.