Referral for Activities of Daily Living (ADL) assessment

1. Worker details

First name | Last name

Date of birth | Claim number | Date of injury

Street name and number | Suburb | State | Postcode

Worker phone number | Worker email address

Key contact if not worker | Key contact phone number

Relationship of key contact (e.g. parent, partner, guardian)

Accepted compensable injuries

Non-compensable medical conditions, including pre-existing conditions (if known)

Contact made with worker to advise Occupational Therapist (OT) assessment has been requested ☐ Yes ☐ No

Interpreter required ☐ Yes ☐ No

If yes, please advise what language

Assessment Priority

High priority

- [ ] New request for household help services, worker is more than 12 weeks post date of injury. No surgery or medical intervention for compensable injury in the last 12 weeks
- [ ] An assistive equipment request has been submitted which requires assessment

Medium priority

- [ ] Renewal request submitted for a worker who has already recieved 24 weeks or more of household help services

Low priority

- [ ] Household help approved for 12 months. ADL recommended to support worker maximise independence.

2. Components of request requiring assessment

Select up to TWO:		Details and frequency of requested services
☐	Attendant care	
☐	Garden maintenance and/or lawn mowing/edging	
☐	Housework and/or cleaning tasks	

3. Supporting documentation

Attach (where available):

- [ ] Worker's Claim Form Authority (section 6)
- [ ] Most recent certificate of capacity
- [ ] Relevant sections of recent Independent Medical Examiner (IME) report(s)
- [ ] Most recent OR report and RTW arrangements
- [ ] Household Help Request Form and worker declaration
- [ ] Relevant sections of recent health practitioner report(s)
- [ ] Previous OT assessment report(s)
- [ ] Other (please detail below):

4. Current service provision

Service type	**Hours and frequency** (e.g. weekly)
Housekeeping/domestic	
Gardening	
Other	

5. Reason for assessment referral

		Details
☐	Review worker's functional status and provide clinically justified recommendations to optimise independence and participation outcomes, including self-management strategies and adaptive equipment/Assistive technology where appropriate.	
☐	Assess worker's functional status and review whether current service type and level are clinically justified based on worker's compensable injury.	
☐	Concerns regarding acceptance of liability for the requested service, including policy or legislation concerns	

6. Risk advice

Is there any known risk to the Occupational Therapist attending this worker's property?

☐ Yes (please detail below, including risk mitigation strategies) ☐ No

If required, does the agent approve funding for a second Occupational Therapist to attend for safety reasons?

☐ Yes ☐ No

Please note, if a second Occupational Therapist in attendance does not mitigate risk, the assessment may be conducted at a suitable alternative location.

7. Requesting agent details

Case Manager	Phone number
Email	**Aligned IMA**