



Initial Needs Assessment (INA) Report Template

1. Title Page

- **Report Title:** Initial Needs Assessment Report
- Client Name:
- Date of Birth:
- Assessment Date:
- Assessor's Name:
- Report Date:
- Confidentiality Statement:
(e.g., "This document is confidential and intended solely for the use of the recipient.")

2. Executive Summary

- Purpose of the Assessment:
- Key Findings:
(Highlight critical areas such as identified needs, barriers, and risks.)
- Recommendations Overview:
(Summarise proposed interventions and goals.)

2.1. Statement of Compliance with CPR 35 & Statement of Truth(may need to be added)

(To be included at the start to confirm adherence to the rules.)

- **Expert's Duty:**
"I understand that my primary duty is to the court and that this report complies with CPR 35.
My opinions are given honestly and based on the evidence available to me."

3. Background Information

- **Client Details:**
(Name, DOB, contact details.)
- Reason for Referral:
- Current Medical History:
(details of the injury, current health status.)
- Past Medical History
- Social History:
(pre-existing quality of life, employment status etc, family/social support)
- GP and Key Professional Contacts:
(Include name and contact information.)
- Referral Details:

4. Instructions

(Who referred the client, reason for referral, date of referral)

- **Source of Instructions:**
(Who requested the report, date of instruction, and purpose.)
- **Questions/Challenges to be Addressed:**
(List any specific queries posed by the instructing party.)

5. Assessment Findings



5.1 Clinical Assessment

Metrics and graph illustrations of Vital signs, etc.

6. Identified Needs and Goals

6.1 Summary of Identified Needs

- Immediate Needs/Priorities:
- Long Term Needs/Observations

Goals:

- Short-Term Goals (0–3 months):
- Medium-Term Goals (3–12 months):
- Long-Term Goals (12+ months):

6.2 Barriers and Risks

- Key Barriers Identified:
- Challenges and Solutions:

7. Recommendations & Plan

- Interventions Required:
(Therapies such as physiotherapy, OT, SALT, Counselling, equipment, caregiver support, etc.)
- Suggested Timeframes:
- Resources Required:
(Funding, specialist input, community services)
- Proposed Review Date:

8. Conclusion

- Summary of Findings and Recommendations:
(Ensure clarity and alignment with the court's requirements.)
- Next Steps:
(Proposed actions, timelines for review date and follow-up.)

9. Appendices

- Assessment Tools/Forms Used:
- Additional Supporting Documents:

10. (Expert) Declaration and Sign-Off



- "I confirm that I have made clear which facts and matters referred to in this report are within my own knowledge and which are not. Those that are not within my own knowledge are true to the best of my knowledge and belief, and I have indicated the source of that information."
- Assessor's Name:
- Qualifications:
- Signature:
- Date of Report Completion: