This form is completed by the Inpatient Rehabilitation Facility to request an extension of inpatient rehabilitation **prior to 21 days** **of inpatient rehabilitation criteria**.

When you’ve finished, please return this form to [claimsdocs@acc.co.nz](mailto:claimsdocs@acc.co.nz).

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| 1. Client details |
| Attach Bradmar sticker here |
| Name of DHB: |
| Date of transfer to Non-Acute Rehabilitation: |
| Claim number: |
| Date of extension – from: Extension (tick one):  First  Second  Third |
| Print name of person requesting and signing Extension of inpatient care: |
| Signature of person requesting Position: an Extension of inpatient care:  *Note emailed document will be deemed as signed by person named* |

|  |  |
| --- | --- |
| 2. Reason for requesting an extension of inpatient care | |
| Is the reason for requesting an Extension of inpatient care related to the patient’s personal injury?  Yes  No | |
| What further rehabilitation outcomes can be expected within the extension of the inpatient care period? | |
| 1. | 2. |
| 3. | 4. |
| Functional Outcome Score (FIM): On admission: 1st Extension: 2nd Extension: 3rd Extension: | |

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| 3. Medical or disability details |
| What are the client’s medical/disability issues that are delaying the rehabilitation process? |
| Complications: |
| Other: |

|  |  |
| --- | --- |
| 4. Discharge planning | |
| State the proposed discharge date: | **You are reminded that this extension is for a maximum of 14 days only.** |
| Will a social rehabilitation assistance/assessment be required?  Yes  No | |

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| --- | --- |
| 5. ACC office use only | |
| Extension of inpatient care approved for the days requested | Extension of inpatient care has not been approved (letter attached)  Hospital informed of decision |
| Name: | Position: |
| **Signature**:  **Date**: | |

When we collect, use and store information, we comply with the Privacy Act 2020 and the Health Information Privacy Code 2020. For further details see ACC’s privacy policy, available at www.acc.co.nz. We use the information collected on this form to fulfil the requirements of the Accident Compensation Act 2001.