This report should be completed by the Named Assessment Provider completing the treatment review.

Please refer to the Sensitive Claims Service operational guidelines and report guidelines available on our website: [www.acc.co.nz/resources](https://www.acc.co.nz/resources#/subcategory/372). Return the completed report to sensitiveclaimsreports@acc.co.nz

|  |
| --- |
| 1. Kiritaki details |
| Kiritaki name:       |
| Date of birth:       | Claim number:       |
| Contact details/safe contact where appropriate:       |

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| 2. Sources of information |
| 1. Dates and duration of consultations:
 |
|        |
| 1. Sources of information collected, received, and considered (include dates and authors):
 |
|       |

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| 3. About the Schedule 3 events |
| Have there been any further Schedule 3 events since the previous Sensitive Claims Service report? | [ ]  Yes | [ ]  No |
| If yes, briefly describe any additional events and if relevant include any significant changes to the reporting of past abuse events. Any additional Schedule 3 events or greater understanding of known events could add a layer of added complication to treatment, perhaps even go towards explaining the progress in recovery. |
|       |

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| 4. Background kiritaki information |
| 1. Please provide a summary of relevant background information, including:
* relevant medical history (illnesses, operations, hospitalisations)
* cultural and spiritual background
* family/whānau and personal history
* developmental history
* education or employment history
* alcohol and drug history (if relevant)

and forensic history (if relevant).If there have been no relevant changes since the previous Sensitive Claims Service reports, note N/A. |
|       |
| 1. Summary of the current circumstances and presenting difficulties of the kiritaki:
 |
| Current circumstances:     Presenting difficulties:      |
| 1. Current medications and dosages, including the names of prescribers:
 |
|       |

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| 5. Treatment progress review |
| 1. Please provide a summary of what treatment the kiritaki has received and the treatment progress they have made since starting with their current Lead Service Provider.

Please include:* current treatment goals
* comments on how appropriate the current goals are in addressing the presenting difficulties
* changes to functioning as a result of the treatment
* any unexpected issues that have impacted on treatment goals and progress

any adjunctive treatment being provided including both ACC and non-ACC services. |
|       |
| 1. Please describe anybarriers to treatment and discuss how these are impacting treatment gains and whether the barriers are currently being addressed.
 |
|       |
| 1. Please indicate if the current covered injuries appear correct. If not, please provide information including relevant symptoms, and whether reassessment of the covered injuries is recommended.
 |
|       |
| 1. Please provide any relevant recommendations for:
* further treatment
* changes to treatment goals or treatment methods
* adjunctive treatment you consider should be provided either via ACC or non-ACC services

addressing any treatment barriers. |
|       |
| 1. After discussion with the kiritaki and Lead Service Provider, please outline any recommendations for treatment or rehabilitation that should not continue for the kiritaki, and the rationale for this.
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|       |

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| 6. Other information |
| Please provide the date of the last face-to-face meeting with the kiritaki that informed this report | Date:       |
| Please provide any other information that you consider relevant to the treatment and rehabilitation of the kiritaki:       |
| [ ]  I have attached other documents, eg clinical reports, other psychometric results. List these:       |

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| 7. Provider declaration |
| [ ]  | I have explained to the kiritaki/guardian/safe contact/whānau that ACC will send a copy of this report to their Lead Service Provider (if relevant). |
| [ ]  | The kiritaki/guardian/safe contact/whānau would like ACC to send them a copy of this report. |
| [ ]  | I have explained to the kiritaki/guardian/safe contact/whānau that they can participate in a feedback session before this report is submitted to ACC. |
| [ ]  | I have informed the kiritaki/guardian/safe contact/whānau that the information collected for this report will be sent to ACC to support decisions on treatment and rehabilitation needs. I have kiritaki/guardian/whānau authority for this. |
| [ ]  | I confirm that the information contained in this report is accurate and that I have followed the standards set out in the Sensitive Claims Service operational guidelines. |
| The kiritaki/guardian/whānau: |
| [ ]  | Participated in the feedback session. |
| [ ]  | Did not participate in the feedback session. Provide reasons why:       |
| Treatment Review Provider name:        | Provider ID:       |
| Supplier name:       | Supplier ID:       | Date:       |

In the collection, use, disclosure, and storage of information, ACC will at all times comply with the obligations of the Privacy Act 2020, the Health Information Privacy Code 2020 and the Official Information Act 1982.