Complete this form to help us assess a client’s claim for a mental injury. When you have completed the form, email it along with any relevant medical notes or reports to [recoveryadmin@acc.co.nz](mailto:recoveryadmin@acc.co.nz). Keep this copy for your records.

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| 1. Client details | |
| Client name: | Claim number: |
| When did the client first become a patient of yours or your clinic? | |

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| 2. Doctor’s details | |
| Doctor’s name: | Phone number: |
| Email address: | |

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| 3. Injury details | |
| Did the client suffer a physical injury? | Date of injury: |
| Diagnosis of the related physical injury: | |
| Date client **first** discussed mental injury or symptoms with you: | |
| What are the mental injury symptoms that the client is exhibiting? | |
| What events led to the mental injury? | |
| Is this mental injury related to a workplace event? Yes  No | |
| If so, what is the link between the workplace event and the mental injury? (If not go to the next question) | |
| What is the link between the physical injury and the mental injury? | |
| List any other medical practitioner or specialist the client has been referred to for treatment for **this** mental injury: | |
| List any **medical** or **mental** conditions present **before** the injury occurred: | |
| If there is a pre-existing condition, list any other medical practitioner or specialist consulted in relation to it: | |
| List the dosage of any drug treatment taken before the injury occurred, and any subsequent change in dosage: | |

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| 4. Relevant documents |
| Send us any consultation or medical notes that relate to this injury together with copies of any relevant medical reports, clinical test results or other information which may be relevant to the claim |
| Relevant documents attached? Yes  No |

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| 5. Doctor’s signature | |
| Name: | |
| Signature: | 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.