Complete this form to refer a client for an ACC Pain Management Triage Assessment.

When you’ve finished, please return this completed form and any relevant records and reports to the appropriate ACC Pain Management service provider or return to ACC at claimsdocs@acc.co.nz to arrange the Triage Assessment.

The purpose of Triage is to assess and identify the client’s needs and recommend the best clinical pathway and services to meet those needs. This may include referral on to a pain service, an alternative service or back to the referrer for ongoing management.

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| 1. Client details |
| Client name:       | ACC Claim number:       |
| Date of birth:       | NHI number:       |
| Email address:       | Ethnicity:       |
| Phone number:       | Mobile phone:       | Work phone:       |
| Residential address:       |
| Postal address (if different from above):       |

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| 2. Referrer details |
| Referrer name:      Date of referral:       | Profession:       |
| Phone number:       | Email address:       |
| Preferred method of contact, eg phone, email:       |

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| 3. ACC Contact details |
| Does the client have a Recovery Team Member? [ ]  Yes [ ]  No (If yes, please provide details below) |
| ACC Recovery Team Member:       |
| Contact phone number:       | Email address:       |

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| 4. Why I’m making this referral |
| Please let us know why you’re making this referral for the Pain Management service. Include advice on how the client’s current pain concern is linked to their covered injury(s). |
|       |
| Known barriers or special considerations | Please note details, eg if a barrier, note any existing or recommended support |
| [ ]  A previously diagnosed somatic symptom disorder or history of unexplained medical symptoms |  |
| [ ]  A previous disorder of persistent pain |       |
| [ ]  Cultural or language considerations |       |
| [ ]  Substance misuse |       |
| [ ]  A history of mental health disorder/illness |       |
| [ ]  On current medication |       |
| [ ]  Other eg psychosocial factors |       |

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| 5. Attached documents |
| Please attach documentation pertinent to this claim. Where applicable, please also include relevant documentation relating to a history of:* Previous persistent pain.
* Substance misuse.
* Mental health disorders/illness including a history of unexplained medical symptoms.
* Conditions known to be associated with persistent pain including irritable bowel syndrome, temporomandibular disorders, bladder pain syndrome/bladder irritability, chronic pelvic pain syndromes, fibromyalgia, chronic fatigue syndrome, headache/migraine.

Comorbidities.**Please ensure the request for a Triage assessment is supported with injury related documents.** If you do not hold any relevant documents, please contact ACC so we can arrange the referral and send the appropriate documents.**These documents will help the Triage Assessment Team assess and identify the appropriate next steps for the client.** |
| Document name: | Attached |
|                           | [ ]  [ ]  [ ]  [ ]  [ ]  |

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| 6. Additional comments |
| Other relevant advice and notes about this client’s case: |
|       |

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.