­­­­­Complete this form to provide an assessment of your kiritaki/client’s needs that are considered necessary in restoring the level of independence and achieving outcomes important to the kiritaki/client.

When you’ve finished, please keep this report as a record of your assessment. You will be asked to share this report with ACC:

* if an extension is required;
* completion of the services; or
* when otherwise requested by ACC.

|  |  |
| --- | --- |
| 1. Practitioner’s details | |
| Your name: | Vendor ID: |
| Organisation name: | Provider ID: |

|  |
| --- |
| 2. Client’s details |
| Client name: |
| Claim number:  Assigned by ACC when client has been approved for cover for their injury |
| The kiritaki/client has authorised me to provide this information to ACC if and when requested. |

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| 3. Injury and outcomes |
| Details of the covered injury:  e.g. sensitive claim, ankle sprain |
| Client’s goals:  e.g.to be able to walk up my front steps, to be able to return to my work tasks, to feel confident to participate in daily activities |
| Your goals for client:  e.g. as related to rongoā Māori |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4. Report Type | | | | |
| Please tick one | Initial assessment  Complete section 5 | Extension report  Complete section 6 | | On request of ACC  Complete section 7 |
|  | | | | |
| 5. Initial assessment | | | | |
| I am an ACC registered rongoā Māori practitioner and the appropriate person who can assess the need of this kiritaki/client  Yes  No | | | | |
| The kiritaki/client needs the following rongoā Māori rehabilitation and/or healing to help their recovery, from their covered injury: | | |  | |
| The rongoā Māori services outlined above are considered necessary in restoring the level of independence and achieving outcomes important to the kiritaki/client because: | | | | |

|  |  |
| --- | --- |
| 6. Extension Report | |
| The kiritaki/client has received the following rongoā Māori rehabilitation and/or healing to help their recovery: |  |
| Linkages with the following services have been made to support the client’s recovery: | (e.g. client’s GP, midwife, whanau…) |
| Number of sessions completed to date: | |
| Number of additional hours required: | |
| Please give details on the purpose of the additional hours: |  |

|  |  |
| --- | --- |
| 7. On request of ACC | |
| The kiritaki/client has received the following rongoā Māori rehabilitation and/or healing to help their recovery: |  |
| Linkages with the following services have been made to support the client’s recovery: | (e.g. client’s GP, midwife, whanau…) |
| Number of sessions completed to date: | |

|  |  |
| --- | --- |
| 8. Declaration and signature | |
| I declare the information provided by me on this form is, to the best of my knowledge, accurate and complete. | |
| Practitioner Name: | Date: |

The information provided on this form will only be used and disclosed for lawful purposes connected with our functions and activities under the Accident Compensation Act 2001. At all times, ACC will comply with the Privacy Act 2020, the Health Information Privacy Code 2020, and the Official Information Act 1982. Further details of how and why we collect, use, store and disclose information are set out in our Personal Information and Privacy Policy, available at www.acc.co.nz.