­­­­­Complete this form to provide information that will b­­­e recorded in the client’s Recovery Plan, which will help us understand the client’s progress towards their goals.

When you’ve finished, please return to your client’s Recovery Team:

* at the completion of all approved hours
* if an extension is required
* when otherwise requested.

This template has been designed in collaboration with rongoā practitioners as a reporting tool, to help ACC understand the care and progress of our clients for their ACC-covered injury. The information provided in this report may be aggregated and anonymously shared across the sector to help understand and measure health outcomes.

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

|  |  |
| --- | --- |
| 2. Client’s details | |
| Client name: | |
| Claim number:  Assigned by ACC when client has been approved for cover for their injury | |
| Purchase order number:  Assigned by ACC when approval has been granted for rongoā Māori rehabilitation | |
| Number of sessions currently approved: | Number of sessions completed to date: |

|  |  |  |  |
| --- | --- | --- | --- |
| 3. Report Type | | | |
| Please tick one | Completion report | Extension report | On request of Recovery team |

|  |  |  |
| --- | --- | --- |
| 4. 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 | | |
|  | | |
| 5. Māori health models, modalities and client outcomes | | |
| What Māori health models are being incorporated? (Optional) | Te Whare Tapa Whā  Te Wheke | Te Pae Mahutonga  Other: |
| Please provide commentary on the rongoā Māori modalities you are using to address (one or more of) the following:   * Taha wairua | Spiritual * Taha hinengaro | Mental and Emotional * Taha tinana | Physical * Taha whānau | Family and Social * Whenua | Land and Roots   e.g. mirimiri to restore taha wairua from the impacts of sexual assault |  | |
| Please share any observations in relation to client’s response to receiving your services  Include progress towards client’s goals, any recommendations for self-management, additional support or services discussed with the client  e.g. client says pain has reduced by half, sleep has improved, increased motivation to look for work, has asked what support ACC can give to help with CV |  | |
| Completion date:  If services have been completed, please give date of last session | | |
| Extension request  If you are requesting further hours | Additional hours required?  Yes  No  Number of additional hours required (max. 6)  1  2  3  4  5  6 | |
| If yes, please give details on the purpose of the additional hours: | | |

|  |  |
| --- | --- |
| 6. 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: | |
| Signature: | Date: |
| Client Name: | |
| 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.