WorkCover SA
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Physiotherapy treatment form

This form is to be completed:

- where treatment is anticipated to extend beyond a week period
- by the physiotherapist
- as part of a subsequent consultation
- forwarded to the relevant case manager.

No additional fee is billable for this form. This form is applicable for WorkCover claimants only.

Guidelines

'Expected number of treatments' refers to the number of treatments you expect to be required in the future (from now on) for this claimant.

'Expected total duration of treatment (in weeks)' refers to the number of weeks, including treatments provided so far, that you expect to be treating this claimant in the future eg, if you have been treating the patient for six weeks and you expect to treat them for another four weeks, you would insert '10 weeks'.

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Physiotherapy treatment form

Claimant's name: _____

Claim no: _____

Physiotherapist's provisional diagnosis: _____

_____

_____

_____

Expected number of treatments (from now on): _____

_____

_____

Expected total duration of treatment (including weeks of treatment provided so far): _____

_____

_____

_____

_____

_____

_____

Physiotherapist's name: _____

Contact telephone: _____

Signature: _____

Date: ____/____/_____

Government of South Australia

WorkCoverSA

100 Waymouth Street, Adelaide
South Australia 5000
General enquiries: 13 18 55
Fax: (08) 8233 2990
info@workcover.com

www.workcover.com

TTY calls: (08) 8233 2574 for people who are deaf or have hearing/speech impairments.

If you would like this information in a language other than English, please call (08) 8226 1990 and ask for an interpreter to call WorkCover on 13 18 55. This is available at no cost to you.

WorkCover is a statutory authority that manages the Scheme established under State legislation and funded by employers to compensate and rehabilitate South Australians injured at work.

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