# Medical and/or Mental Health Report

**Medical or mental health professionals (including accredited social workers) should use this template when they have assessed, provided treatment, or are proposing treatment, for a Victims of Crime Financial Assistance Scheme (FAS) applicant.**

If the FAS has requested and authorised payment for a medical or mental health report, professionals must use this template, otherwise the FAS may not be able to provide payment for the report. You can also use this template to prepare an unpaid report to support an applicant’s application if you choose.

If you are completing this report, you must be registered by the Australian Health Practitioner Regulation Agency (AHPRA) and provide your registration number if:

* your medical or health profession is regulated by AHPRA, or
* this report is for the purposes of providing evidence of an applicant’s incapacity to work.

If you are not registered by AHPRA, you must be a professional registered by the appropriate body in the medical or health field in which the report is referring to and provide the FAS with your registration details.

This report should consider and identify the overall needs of the applicant to support their recovery from the violent act. The FAS may not authorise payment for further reports in the future if the initial report did not anticipate the longer-term needs of the applicant.

Once completed, you must provide this report to the applicant or their Authorised Representative to upload into the FAS Portal as part of their application. You cannot provide this letter directly to the FAS.

**Note:** Not all sections of the report may be relevant for you to complete so please enter N/A where applicable unless the information is marked ‘required’.

| 1. Applicant details *(required)*
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| --- |
| 1.1 | **Please provide the applicant’s:*** Name
* Date of birth
* FAS reference number (if known)
 | [Enter information here] |

|  | Practitioner details *(required)* |
| --- | --- |
| 2.1 | **Please provide your:*** Name
* Job description
* Business contact details
* AHPRA registration number (if applicable)
* Qualifications to assess, diagnose and treat (if not AHPRA registered)
* Any registrations held with a professional body (if applicable)
 | [Enter information here] |

|  | Violent act and applicant’s injury *(required)* |
| --- | --- |
| 3.1 | **Please outline the applicant’s injury and how it is connected to the violent act** Please explain the connection between the applicant’s injuries and the violent act, the impact of the injury on the applicant’s day to day function and any other functional considerations. | [Enter information here] |
| 3.2 | ***(If applicable)* Was the applicant’s injury an exacerbation of a previous injury?** If so, please explain how the violent act exacerbated the injury. | [Enter information here] |

|  | Treatment provided |
| --- | --- |
| 4.1 | **Please detail:*** The diagnosis of the applicant
* When the treatment commenced
* Number of treatment sessions provided to date
* The type of treatment provided for the injury to date
* Cost of the treatment
 | [Enter information here] |
| 4.2 | **Any other relevant information about the treatment provided to the applicant** | [Enter information here] |

|  | Proposed treatment |
| --- | --- |
| 5.1 | **Outline of the proposed treatment including:*** Treatment goals
* How progress will be measured
* The applicant’s prognosis
* Cost of the treatment

**If the proposed treatment is for more than 20 counselling sessions, please also detail:*** the applicant’s mental health needs
* the need for the additional counselling sessions, and
* whether the need for additional counselling sessions is a direct result of the violent act.
 | [Enter information here] |
| 5.2 | **How will the proposed treatment directly enable the applicant to recover from their injury?** | [Enter information here] |

|  | Additional information *(only if relevant)*  |
| --- | --- |
| 6.1 | **Does the applicant’s injury impact their working capacity?**If so, please explain how long the injury is expected to impact their working capacity and the degree of incapacity (partial/total). | [Enter information here] |
| 6.2 | **If the applicant is applying to the FAS out of time, did the violent act impact their ability to apply? If so, how?** Please see the FAS Guidelines available on the [FAS website](https://www.victimsofcrime.vic.gov.au/fas) for more information on relevant timelines for applying to the FAS. | [Enter information here] |
| 6.3 | **If the applicant did not report the violent act to police, did the applicant have special circumstances to explain why they did not report it to police?**Please see the FAS Guidelines available on the [FAS website](https://www.victimsofcrime.vic.gov.au/fas) for more information on special circumstances for not reporting to police. | [Enter information here] |
| 6.4 | **If the applicant is applying for recovery expenses, please detail how the recovery expense will support the applicant to recover from the violent act, and why the applicant’s circumstances are exceptional.** Please see the FAS Guidelines available on the [FAS website](https://www.victimsofcrime.vic.gov.au/fas) for more information on exceptional circumstances. | [Enter information here] |
| 6.5 | **Additional relevant information** If you wish to do so, please provide any other information that you think is relevant. | [Enter information here] |

# Declaration

I understand that the Victims of Crime Financial Assistance Scheme (FAS) has requested my report to assist the FAS to make a decision about financial assistance for the applicant, and that I have an overriding duty to assist the FAS impartially.

I have made all inquiries that I believe are desirable and appropriate, have brought all relevant matters to the FAS’s attention and have not omitted matters of significance.

**Practitioner’s signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Practitioner’s name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Qualification** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_