

## Initial Counselling Treatment Request Form

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### VETERAN'S WHĀNAU MEMBER DETAILS:

Name:.....

Case Manager:.....

**1. Please give a detailed account of the presenting condition and symptoms (including your clinical opinion on their diagnosis) and any other relevant information.**

**2. Please describe how their condition is impacting on their day to day life using both veteran reported limitations AND an outcome measure / questionnaire of your choice (this can be pain related, function related, body site specific or focused on whole life health).**

**2. Did your assessment identify any risks that will affect your treatment plan?**

Risks identified?

Yes

No

If yes, please comment:

Have you called the client's GP regarding this?

Yes

No

Would you like a rehabilitation advisor from Veterans' Affairs to contact you regarding this?

Yes

No

**4. If the client has been treated elsewhere before seeing you, please give an outline of their treatment so far AND the reported effect of this previous treatment**

**5. What is your treatment plan and goals for the sessions you have requested? Please include timeframes to achieve this AND outline your expectations on whether you feel these sessions will resolve the current symptoms / this episode for the client.**

**6. What are the client's goals for themselves by the completion of these sessions?**

**7. If these sessions are unsuccessful in meeting your treatment plan and/or achieving the client's goals what do you feel would then be the best course of action?**

Date of first appointment: .....

Cost of sessions/treatment: .....

Number of sessions requested:.....

Frequency of sessions:.....

Provider's name:.....

Provider's signature:..... Date: .....

Business name: .....

Profession: .....

Professional Body registered with:.....

Professional Body Registration Number:.....

Phone Number: ..... Email: .....