



Rehabilitation Assessment Report

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[Read more: How DVA manages personal information.](#)

Part A Client Details

1: Full name

2: Date of birth

3: REH number

4: Address

5: Telephone numbers: Home

Work

Mobile

6: Email

7: Emergency contact: Name

Phone Number

Relationship

8: Compensable condition/s

9: Non-compensable condition/s

10: Current work (paid or voluntary)

11: Discharge date from the Australian Defence Force (ADF)

Part A Client Details (cont.)

12: Discharge type Medical discharge Non-medical discharge

13: Date/s of assessment:

Please advise the DVA Rehabilitation Delegate promptly of any issues and document details in this report.

Part B Assessment Details

Purpose of report:

To determine the client's capacity to undertake rehabilitation and where required recommend appropriate rehabilitation services.

Client presentation (at the time of the assessment):

Physical appearance, concentration, general manner, communication, behaviors, insight and understanding of their position and direction.

Client expectations:

Client's expectations, level of understanding of the rehabilitation process and their motivations, agenda(s) and coping strategies.

Medical history (physical and mental health conditions, including drug/alcohol addiction):

Impact of current condition(s) both compensable and non-compensable conditions and date and cause of injury (workplace/sport/trauma), relevant historical and current interventions (including medications and self-medication), prognosis, stability of conditions, and side-effects of conditions.

Strengths and Capabilities:

List the client's strengths and capabilities such as personality traits, education, employment history and general skills.

Part B Assessment Details (cont.)

Current psychological status:

Lifestyle changes, coping strategies and adjustment to injury e.g. self-esteem and confidence, ability to communicate, engagement with family, friends and broader community.

Please attach relevant reports if available and applicable.

Home routines, tasks and self-care (including Activities of Daily Living – ADL):

Accommodation arrangement, family circumstances, support from friends and community, daily routine, responsibilities, home activities and self-care needs. Who did home routine activities prior to injury?

Aids, appliances or modifications to home, workplace or vehicle:

Mobility, driving ability and capacity to access public transport and the community. Aids/appliances to promote independence and quality of life. Provide supporting information. Clearly identify immediate or urgent needs and need for further assessments in the final recommendation section.

Recreation, leisure and community activities:

Social, cultural and spiritual circumstances e.g. sporting, hobbies, leisure interests and engagement with the local community.

Rest and sleep:

Sleeping pattern and capacity to rest/revive.

Financial circumstances:

Source/s of income, financial commitments, concerns with income vs expenditure, debt, budget management and other financial pressures.

Vocational/training status (this section may not apply to Veteran Payment clients):

Overview of education, qualifications, skills, affiliations, licenses, transferrable employment skills, work summary and current studies. Career interests and goals, geographical and labor market issues. Income summary including normal weekly earnings and compensation payments. Positive indicators and barriers to return to work and training.

Past or current rehabilitation activities or actions taken:

Outcomes of status of rehabilitation (medical management, vocational and/or psychosocial) activities the client has undertaken or is intending to undertake (including ADF, DVA and community/civilian). Details and status of compensation matters. List ongoing barriers such as permanent impairment claims.

Part B Assessment Details (cont.)

Attitude and identified barriers to rehabilitation:

The key issues for the client's rehabilitation in their home, work, community or recreational environments. Overall opinion and comments regarding the client's attitude and barriers to medical management, vocational and/or psychosocial rehabilitation. Also add ongoing barriers such as permanent impairment claims.

Frequency, method of contact:

Details of how contact will be maintained during the plan, including how often the client and consultant will meet during the DVA Rehabilitation Program, what methods will be used i.e. telephone calls, videoconference, in-person, etc. and how this frequency and contact type was determined.

Part C Ability to Participate in Rehabilitation

Does the client have the medical capacity to participate in rehabilitation related to:

- | | | |
|----------------------------|------------------------------|-----------------------------|
| Medical Management? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Psychosocial supports? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Vocational rehabilitation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you have answered no to all of the above, please provide details of why the client has nil capacity to participate in any rehabilitation and supporting medical evidence.

If yes to any or all of the above, meaning the client does have full or partial capacity to participate, please provide details in the recommendations section along with supporting medical evidence.

Where a client has nil capacity to participate in the DVA Rehabilitation Program, the consultant must still advise the client about community based supports they can access and how to re-engage with the DVA Rehabilitation Program when they are able.

Part D Recommendations

Please provide comments about the type of rehabilitation the client would benefit from, a general outline of the client needs that will be addressed under the DVA Rehabilitation Program, and any other relevant information about how these goals will be achieved and what the desired outcome/s are expected to be.

Part E Sign-off and Distribution

Consultant name:	
Signature:	Date:
Name of rehabilitation organisation:	
Address:	
	Postcode:
Telephone number:	Mobile number:
Email:	

**Please return the completed form to DVA by uploading it to the Provider Upload Page (PUP).
Ensure you select 'closure' as the 'document type' when uploading.**

If you are unable to upload via the PUP please wait a few hours and retry. If there are persistent issues with uploading via the PUP please check the troubleshooting information available.

If you are having ongoing issues with the PUP you may return the form to DVA as a PDF attachment in an email to rehabilitation@dva.gov.au

Email is only to be used in exceptional circumstances after confirming with the Stakeholder Engagement Manager that there is an ongoing PUP issue.
