JOINT HEALTH COMMAND

Physiotherapy Treatment Management Plan

RESET FORM

Member Details:		
Name:	PMKeys:	DAN:
Practitioner Details:		
Clinic Name:	Treating Practitioner:	Contact Details:

Clinical Assessment:	
Date of Initial Consultation:	No. of Consults to Date:
Provisional Diagnosis:	
Key Functional / Fitness Requirement of Job Role:	

Summary of Treatment and Progress to date
Initial Assessment Objective Measures (clinical and functional):
Current Objective measures (Clinical and functional):
Summary of treatment provided:

Screening Tool / Outcome Measures						
	Initial		Follow up		Current	
Tool:	Date:	Score:	Date:	Score:	Date:	Score:

Biopsychosocial Risk Factors for Poor Recovery
YES ☐ NO ☐
Outline:

Management Plan: **(Include timeframe, patient goals, self-management strategies and /or plan to handover on-base physio)**

Extension of Care Request (Max 6 sessions approved before new report required)	
Number of Sessions Proposed for this plan: 6	Timeframe:

Physiotherapy Treatment Management Plan completed by		
Role:	Date:	Signature:

Upload Treatment Plan to iRBS. Nil further session to occur without approval.