



# At Risk Client Assessment Form for use by GPs

## DVA client details

Name	DVA file number
DOB	
Address	

**Reasons why the client needs tailored referral and review requirements.** The treatment cycle is considered best practice for quality of care. In exceptional circumstances, a tailored referral arrangement may better suit the client. You must explain how you have determined that the client's health, treatment or wellbeing is being adversely affected by the treatment cycle requirements.

**Allied health services required** (list all allied health providers currently providing services to the client. If more than 2, provide details on a separate page)

Allied health profession

Name

Provider number

Contact details

Allied health profession

Name

Provider number

Contact details

**Tailored referral and review arrangements** (select one)

If eligible, enrol the client in the Coordinated Veterans' Care program, with care coordination under that program's guidelines. Annual referral arrangements can be used.

Referrals valid for three months. Allied health providers must send an End of Cycle Report at the end of a referral period.

Referrals valid for six months. Allied health providers must send an End of Cycle Report at the end of a referral period.

Referrals valid for up to one year. Allied health providers must send an End of Cycle Report at the end of a referral period.

## Declaration by GP

I have assessed the client, and have determined that they need the selected tailored referral and review arrangements because their health, treatment or wellbeing is being adversely affected by the treatment cycle requirements.

GP name

GP provider number

Practice name and address

Phone

Fax

GP signature

Date