

GIO WORKERS COMPENSATION AUSTRALIAN CAPITAL TERRITORY

TREATMENT REQUEST – NOTICE OF COMMENCEMENT (NOC)

Please note: **All treatment must be pre approved by GIO (excludes initial consultation - new claims only)**

Patient / Client Details

Family name

Given name

Claim number

Date of injury

Employer

Date of birth

Provider Details

Name

Phone

Fax

Address

State

Postcode

Signed

Date

Treatment

Diagnosis/area(s) treated

Current symptoms

Progress to date/previous treatment provided

Proposed treatment

Expected outcome of this plan

Current Physical Capacity as Assessed by Treatment Provider

Full-time

Part-time

Unfit

Normal duties

Suitable duties

Restricted duties

Lifting

Bending

Standing

Walking

Sitting

Other

Has the treatment provider contacted the treating doctor to report current status/functional capacity? Yes No

Treatment Recommendations

Treatment modality

Plan number

Date of initial treatment

Number of treatments to date

Duration of treatment requested (weeks)

Total number of sessions requested

Frequency of treatment (M, W, F)

Expected discharge date

Further comments/recommendations (including rehabilitation aids eg Theraband):

For Insurer Use Only

Claimant name

Claim no

Plan number

Duration of service (weeks)

Treatment costs approved / not approved by insurer for sessions

Approving insurer signature

Date

Approving officer name

Phone

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GIO Workers Compensation

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