

# 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
- Normal duties
- Part-time
- Suitable duties
- Unfit
- Restricted duties

Lifting <input style="width: 100%;" type="text"/>	Bending <input style="width: 100%;" type="text"/>	Standing <input style="width: 100%;" type="text"/>
Walking <input style="width: 100%;" type="text"/>	Sitting <input style="width: 100%;" type="text"/>	Other <input style="width: 100%;" type="text"/>

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

**Treatment Recommendations**

Treatment modality <input style="width: 100%;" type="text"/>	Plan number <input style="width: 100%;" type="text"/>
Date of initial treatment <input style="width: 100%; text-align: center;" type="text" value="/ /"/>	Number of treatments to date <input style="width: 100%;" type="text"/>
Duration of treatment requested (weeks) <input style="width: 100%;" type="text"/>	Total number of sessions requested <input style="width: 100%;" type="text"/>
Frequency of treatment (M, W, F) <input style="width: 100%;" type="text"/>	Expected discharge date <input style="width: 100%; text-align: center;" type="text" value="/ /"/>

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

**For Insurer Use Only**

Claimant name <input style="width: 100%;" type="text"/>	Claim no <input style="width: 100%;" type="text"/>
Plan number <input style="width: 100%;" type="text"/>	Duration of service (weeks) <input style="width: 100%;" type="text"/>
Treatment costs approved / not approved by insurer for <input style="width: 100%;" type="text"/> sessions	
Approving insurer signature <input style="width: 90%;" type="text"/>	Date <input style="width: 10%; text-align: center;" type="text" value="/ /"/>
Approving officer name <input style="width: 100%;" type="text"/>	Phone <input style="width: 100%;" type="text"/>

**KNOW NOW**

**GIO Workers Compensation**

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