|  |  |  |
| --- | --- | --- |
| Date:  | (DD/MM/YYYY)  |   |
| Requestor’s name: |   |
| Company: |   |
| Address:  |   |
| City / Suburb:  |  | Post Code: |  | State: |  |
|  |  |  |  |  |  |

**Injury Scale Value (ISV) Medical Assessment Report**

Pure Mental Harm GEPIC Report

All sections must be completed

*You may add additional sub-headings to assist in the laying out of your report*

|  |  |
| --- | --- |
| Name of claimant: |  |
| Date of birth: | (DD/MM/YYYY) |
| MVA claim number:  | (XXXXXXX/XXXXXXXXXX) |
| Date of injury: | (DD/MM/YYYY) |
| Occupation: |  |

|  |  |
| --- | --- |
| **Dear:** | (Requestor Name) |
| **Further to your referral letter of:** | (DD/MONTH)  |
| **I saw:**  | (Name)  | **on:** | (DD/MONTH) | **at:** | (Location)  |
| for the purpose of an ISV Medical Assessment Report.  |   |  |

You have requested a GEPIC rating and my opinion regarding an Injury Scale Value (ISV) Item Number. The referral letter states the psychiatric injury occurred as a result of the following stated cause *(list the stated cause as detailed in the referral letter).*

The injured person attended alone/or with a support person *(please state their name and their relationship to the injured person).*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  | An interpreter was not present at the consultation. |  | An official interpreter was present and assisted throughout the consultation. |
| Name & NAATI Number: |   |

 |
| I explained my role as an Accredited Medical Practitioner and that my report from this assessment would be sent to you. I acknowledge that I have received and read Chapter 7, Part 14-Expert Reports, of the Uniform Civil Rules 2020, as amended. I confirm that my report complies with these provisions. Further, this report has been written in accordance with the current edition of the “Training Manual for ISV Medical Assessments.” |

**Document Review**

I confirm the following documents were provided and read for this assessment:

|  |  |
| --- | --- |
| 1: |  |
| 2: |  |
| 3:  |  |
| 4:  |  |
| 5: |  |
|  | *In addition, list any other relevant documentation provided by the examinee.*  |

**History:**  *(to assist the parties in determining the level of impact of the injury(ies) on the person)*

|  |  |
| --- | --- |
|  | Occupational, medical history and relevant personal and family history |
|  |  |
|  | Past psychiatric history including symptoms and functional status at the time of the motor vehicle accident |
|  |  |
|  | Mechanism of injury *(include a comprehensive account of the accident and aftermath, initial onset of symptoms and subsequent related events including investigations, medication and treatment)* |
|  |  |
|  | Past treatment and medication (for conditions physical and psychological unrelated to the motor vehicle accident)  |
|  |  |
|  | Present status of medical condition(s) – include capacity for activities of daily living, work, recreation and relationships  |
|  |  |
|  | Current treatment and medications (for all conditions including MVA related conditions) |
|  |  |

**Mental Status Examination:** *(Detail your method of assessment and any relevant clinical findings)*

|  |
| --- |
|  |

Opinion: *(Each section of the opinion must address each accident related injury separately)*

My opinion addresses the following for each accident-related injury as per the referral letter:

|  |  |
| --- | --- |
| **1.**  | **Diagnosis**; *(For each accident-related injury you have been referred, and in each case, whether it is pure mental harm or consequential mental harm. Can include brief comments on information submitted in Document Review, and if applicable, the reason your opinion differs)* |
|   |  |
| **2.**  | **Prognosis;** *( include your opinion of any future treatment)* |
|   |  |
| **3.**  | **Injury stability;** (*Refer to AMA 5 Maximal Medical Improvement definition*) |
|   |  |
| **4.**  | **Whether the injury is consistent with the stated cause** *(Refer to the stated cause contained in the referral letter)* |
|   |  |
| **5.**  | **Has the Motor Vehicle Accident had an effect on any pre-existing injuries or conditions, if so, to what extent?**  |
|  |  |
| **6.**  | **Has the injured person had any subsequent injuries or conditions that have been made worse by the Motor Vehicle Accident, if so, to what extent?** |
|   |  |
| **7.** | **In a case of pure mental harm – the GEPIC rating with detailed reasons;** *(Please refer back to your opinion regarding diagnosis in part 1 of this section)* |

|  |
| --- |
| **Evaluation of Psychiatric Impairment** *(Only complete the table below and provide a GEPIC rating for symptoms arising from the diagnosis you have selected as being due to Pure Mental Harm)* |
| **Class of Impairment** | **1** | **2** | **3** | **4** | **5** |
| Percentage of Impairment | 0% to 5% | 10% to 20% | 25% to 50% | 55% to 75% | Over 75% |
| **Mental Function** |
| Intelligence *Capacity for understanding* | Normal to Slight | Mild | Moderate | Moderately Severe | Severe |
| Thinking*The ability to form or conceive in the mind* | Normal to Slight | Mild | Moderate | Moderately Severe | Severe |
| Perception*The brain’s interpretation of internal and external stimuli* | Normal to Slight | Mild | Moderate | Moderately Severe | Severe |
| Judgement*Ability to assess a given situation and act appropriately* | Normal to Slight | Mild | Moderate | Moderately Severe | Severe |
| Mood*Emotional tone underlying all behaviours* | Normal to Slight | Mild | Moderate | Moderately Severe | Severe |
| Behaviour*Behaviour that is disruptive, distressing or aggressive* | Normal to Slight | Mild | Moderate | Moderately Severe | Severe |

|  |
| --- |
| **Summary Table** |
| **Mental Function** | **Class of Impairment (1–5)** |
| **Intelligence** | **X** |
| **Thinking** | **X** |
| **Perception** | **X** |
| **Judgement** | **X** |
| **Mood** | **X** |
| **Behaviour** | **X** |
| **List all classes in ascending order** | **(ie. 233332) XXXXXX** |
| **The Median Class (the middle class)** | **X = GEPIC RATING**  |
| **Provide detailed reasoning for each Mental Function Class of Impairment for this GEPIC rating:** |
| **Intelligence :** |
| **Thinking:** |
| **Perception:**  |
| **Judgement:** |
| **Mood:** |
| **Behaviour:** |
| **The Injury Scale Value (ISV) Item Number** *(Provide an opinion for each ISV Item Number. Refer to the descriptors from Schedule 1 CLR available in the Training Manual. You must not comment on the ISV range for the Item Number)* |
|  |

|  |  |
| --- | --- |
| 󠄀  | *Insert either* ‘No further questions were provided’ - OR - |
| 󠄀 | *Provide your opinion on the matters as requested in the referral letter* |
|  |
| The contents of this report are true to the best of my knowledge and belief. I have made all enquires which I believe are desirable and appropriate and no matters of significance which I regard as relevant have, to my knowledge, been withheld from the Court. I am accredited to conduct assessments for GEPIC and if applicable, these body systems.This report complies with the requirements under Regulations 4, 5, 13, 14, 23 and 24 of the *Civil Liability Regulations 2013*. |
| **Please phone me on:**  |  |  |
| **or email at:** |  |  **if I may be of further assistance**. |

My opinion also addresses the following matters which have been agreed between the insurer and the injured person and/or their representative:

Yours sincerely,

*Title, First Name, Surname*
Accredited Medical Practitioner
Motor Accident Injury Accreditation Scheme

*Optional: Add company logo and details here*