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

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

Pure Mental Harm

Assessment conducted by Telehealth Conference

|  |  |
| --- | --- |
| 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 assessed:** | (Name)  | **on:** | (DD/MONTH) |  |
| (Accredited Medical Practitioner Location)  |  | (Claimant Location)  |
| for the purpose of an ISV Medical Assessment Report.  |   |  |

**Accredited Medical Practitioner Declaration for Telehealth Assessment**

I conducted a Telehealth videoconference with the above-named claimant on the above-named date for the purpose of providing a GEPIC rating and my opinion regarding an Injury Scale Value Item Number. I conducted the process in accordance with the MAIAS Protocol for Pure Mental Harm ISV Medical Assessments via Telehealth. I identified the claimant prior to commencing the assessment by photo ID (describe passport/driver’s licence or other means) which was shown via video format.

Prior to the Telehealth videoconference, I satisfied myself that:

• In my clinical judgement it was appropriate for the assessment to be technology based

• A face-to-face assessment was not necessary

• The claimant’s physical environment and technology were appropriate

• The assessment was conducted to an adequate standard and the clinical findings can be relied upon.

I declare that, to the best of my knowledge, the information given in this Declaration is true and correct in every respect.

Signed:……………………………………………………………..

Full name of MAIAS Accredited Medical Practitioner:………………………………………………………

Date: ……………………………………………………………..

Signed (witness): ……………………………………………………………..

Full name of witness:……………………………………………………………..

Date: ……………………………………………………………..

**Telehealth statement**

|  |
| --- |
| Reasons why videoconferencing is appropriate |
|  |
| Any issues arising from the videoconference that may have adversely affected the interview |
|  |

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 presented 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 Division 2 of the *Supreme Court Supplementary Rules 2014* entitled *“Expert Witnesses”* and Rule 160 of the *Supreme Court Rules 2006.* 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** *Include:*

|  |  |
| --- | --- |
| 󠄀 | Relevant personal, family, occupational and past medical history |
|  |  |
| 󠄀 | Past psychiatric history including symptoms and functional status at the time of the motor vehicle accident |
|  |  |
| 󠄀 | Mechanism of injury |
|  |  |
| 󠄀 | Current treatment and medications |
|  |  |
| 󠄀 | Past treatment and medication (pre and post motor vehicle accident) |
|  |  |
| 󠄀 | Present status of medical condition(s), treatment and medications |
|  |  |
|  |  |

**Mental Status Examination**

 *Detail your method of assessment and any relevant clinical findings.*

|  |
| --- |
|  |

Opinion

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)* |
|   |  |
| **2.**  | **Prognosis** |
|   |  |
| **3.**  | **Injury stability** |
|   |  |
| **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 Question 1Only complete the table below and provide a GEPIC rating for diagnosed Pure Mental Harm injuries.* |

|  |
| --- |
| **Evaluation of Psychiatric Impairment** |
| **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** | **(i.e. 233332) XXXXXX** |
| **The Median Class (the middle class)** | **X = GEPIC RATING**  |
| *Please provide detailed reasoning for this GEPIC rating.* |
|  |

|  |  |
| --- | --- |
| **8.**  | **The Injury Scale Value (ISV) Item Number** *(Please refer to the ISV Table. You are not required to comment on the ISV range within the item number).* |
|   |  |

|  |
| --- |
| My opinion also addresses the following matters which have been agreed between the requestor and the injured person and/or their representative: |
| 󠄀  | *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. This report complies with the requirements under Regulation 23(1) and (2) of the *Civil Liability Regulations 2013*. |
| **Please phone me on:**  |  |  |
| **or email at:** |  |  **if I may be of further assistance**. |

Yours sincerely,

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

*Optional: Add company logo and details here*