



Workers Compensation: Request for Treatment

Please note

Completion of this form by a medical practitioner does not guarantee that the request for treatment will be approved by the worker's employer or insurer. Providing the information requested on this form in as much detail as possible may assist the worker's employer or insurer to make decisions about funding in quicker timeframes and without the need to request a formal report.

WorkCover Tasmania does not have a role in the decisions of employers or insurers to fund treatment. Should a request for treatment not be approved and a worker wishes to dispute the decision, they may refer the matter to Tasmanian Civil and Administrative Tribunal (TASCAT).

Requests for treatment should be sent to the employer or insurer of the worker.

Worker Details

Given Name:	Surname:
Date of Birth:	Date of Injury:
1. Current work related diagnosis:	
2. Proposed treatment, including type, frequency and duration:	
3. Estimated cost of treatment:	
4. Is the proposed treatment reasonable and necessary to treat the work-related injury? Please provide details:	
5. Is there an alternative to the proposed treatment? Please provide details:	

6. Prognosis and expected health outcome from the treatment, and prognosis without the treatment:

7. Expected time frame for return to work and recovery following treatment:

8. Details of any additional services required following requested treatment:

9. Other information:

Medical Practitioner Details

Full Name:

Practice:

Contact telephone:

Contact Email/Fax:

Signature: Date:..... //20.....

This information is for guidance only and is not to be taken as an expression of the law. It should be read in conjunction with the *Workers Rehabilitation and Compensation Act 1988*, the *Workers Rehabilitation and Compensation Regulations 2021*, and the Clinical Framework for the Delivery of Health Services and any other relevant legislation. Go to www.thelaw.tas.gov.au

This form was produced by staff from WorkSafe Tasmania. We welcome your feedback on this form. Send to: workcover@justice.tas.gov.au.