# Therapy Progress Report

This form is optional and is for use with Lifetime Care and Workers Care

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| Person’s Name | icare reference number | | Date |
|  |  | |  |
| Clinician’s name/designation | | Contact details | |
|  | |  | |
| Clinician’s ABN details | | Dates of intervention | |
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### Program summary

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| Summary of intervention provided – frequency of sessions, attendance, treatment goals and/or strategies. |
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### Progress

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| Progress towards treatment goals - include outcome measures compared to previous/baseline measures where possible, noting whether goals were achieved and any barriers to progress. Link achievement of any impairment-based goals to participation in life roles (e.g. increased knee ROM by 15 degrees resulting in improved ability to mobilise around workplace). |
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### Recommendations

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| Is further treatment recommended to help the participant/worker meet their goals? If so, note the participant’s goals, future treatment goals/objectives, justification for the proposed treatment regime and timeframes. |
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### Participants feedback

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| Participant/family’s feedback on treatment. What is going well/not well? Does the participant/family agree with the recommendations? |
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### Planning for discharge from therapy

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| Are there activities the participant will engage in outside therapy to help them achieve their goals (e.g. home exercise program, gym/pool program, specific community activities/participation)? What aspects will the participant manage on their own, and what will need support? How is the participant reducing their dependence on formal therapy? |
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### Services requested for next treatment period

For people with a My Plan - the treatment period does not need to extend over the entire My Plan period if not relevant.

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| Service Dates | LTC/WC Code (add travel and reports if required): | Provider Details  (include provider name, business name and business/invoicing ABN details) | Hourly Rate (Inc GST) | Number of hours and frequency | Total cost |
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