Complete this form to refer a child or adolescent for a concussion service. Email it directly to a Concussion services supplier and to ACC at claimsdocs@acc.co.nz.

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| 1. Concussion service supplier details |
| View the list of Concussion services suppliers on [acc.co.nz](https://www.acc.co.nz/for-providers/treatment-recovery/referring-to-rehabilitation/concussion-service-providers/). |
| Supplier: **Coastal Rehab Services Ltd**Email to: **admin@coastalrehabservices.co.nz****ACC Vendor G07858** | Date of referral:       |

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| 2. Client details |
| Name:       | Date of birth:       |
| National Health Index (NHI) number:        | Contact phone number:       |
| Home address:       |
| Contact person name:       | Relationship:       |
| Is the client off school: [ ]  Yes [ ]  No | School name, if known:       |

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| 3. Injury details  |
| ACC claim number:       | Date of injury:       |
| Supplementary information provided, tick all that apply:  |
| [ ]  Screening tools (eg ACE or Child Scat5) | [ ]  Clinical notes  |  [ ]  ACC45 | [ ]  Other |
| What is your suspected or confirmed injury diagnosis? |
| [ ]  **Suspected** injury diagnosis:      [ ]  **Confirmed** injury diagnosis, including Read or ICD10 code:       |
| Briefly describe how the injury occurred (mechanism of injury):       |

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| **4. Risk factors associated with delayed recovery**  |
| Concussion services are for clients identified as being at risk of delayed recovery from their injury. Please complete both sections below. |
| List factors indicating the client is at risk of delayed recovery from their injury. This is optional if screening tool information is attached:       |
| List any other conditions or pre-existing factors that may affect the client’s recovery from their injury:       |

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| 5. Referrer details |
| Referrer name:       | Contact phone number:       |
| Practice name:       | Email:       |
| For suppliers, if the referral is declined, please notify ACC and: [ ]  Referrer and/or [ ]  GP (provide GP’s name):       |
| [ ]  I declare the information provided on this form is, to the best of my knowledge, accurate and complete. |
| Signature:       | Date:       |

In the collection, use, disclosure, and storage of information, ACC will at all times comply with the obligations of the Privacy Act 2020, the Health Information Privacy Code 2020 and the Official Information Act 1982.