



Australian Victim of Terrorism Overseas Payment Health Professional or Allied Health Professional Report

January 2019 Nairobi attack

Customer's details

Full name

Address

Date of birth / / Centrelink Reference Number (CRN) - - -

Phone number ()

The person named above is claiming Australian Victim of Terrorism Overseas Payment for the **January 2019 Nairobi attack** – The terrorist act that occurred at the DusitD2 hotel complex in Nairobi, Kenya, from approximately 2:30 pm on 15 January 2019 to approximately 10:00 am on 16 January 2019.

This information will help Services Australia in determining eligibility for the Australian Victim of Terrorism Overseas Payment.

The Health Professionals and Allied Health Professionals who can complete this report are:

- | | | |
|--|--|--|
| Aboriginal and Torres Strait Island health practitioners | Medical radiation practitioners | Podiatrists/Prosthetists/Orthotists (these are people who build and fit prosthetics or other supportive devices for amputees or people requiring supportive devices) |
| Audiologists | Medical specialists | Psychologists (any type) |
| Behavioural therapists | Mental health–specialised social workers | Psychotherapists |
| Chinese medicine practitioners | Occupational therapists | Registered midwives |
| Chiropractors | Optometrists | Registered nurses |
| Dentists | Orthodontists | Social workers |
| Disability related groups (e.g. Royal Society for the Blind, Vision Australia, etc.) | Orthoptists | Speech therapists |
| Exercise physiologists | Osteopaths | |
| General practitioners | Paramedics | |
| | Physiotherapists | |

The suitability of professionals not on this list will be considered by Services Australia in consultation with the Department of Home Affairs on a case by case basis.

See *Customer and Health Professional instructions on page 2.*



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Instructions for the Customer

- 1 **Complete your details on page 1.**
- 2 **Contact your health professional or allied health professional and make an appointment to have this report completed.**
(Select the best person to advise us on all your injuries acquired as a direct result of the terrorist act)
Make sure they or their receptionist knows that you will need this report completed, as a long consultation may be required. If they do not bulk bill, your consultation fee may be more than usual because of the extra time taken to complete the report.
- 3 **Attend the appointment with your health professional or allied health professional.**
- 4 **When your health professional or allied health professional has completed this report, it must be returned to us.**
- 5 **If you have other relevant information such as specialist medical reports return them to us with this report.**

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We need to collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy

Instructions for the Health Professional or Allied Health Professional

Completing this report

In this report you will be asked to provide information about your patient's/client's current and past medical condition(s) and injuries acquired as a direct result of the terrorist act. Please complete all the required questions in this report.

If you require another copy of this form, go to servicesaustralia.gov.au/forms

If you need more information in order to complete this report, call us on **1800 040 226**, or if you are outside Australia, call **(+61 3) 9250 5159**.

Definition of key terms

Direct Result (Harmed)

For the purposes of the assessment of an Australian Victim of Terrorism Overseas Payment claims, the following elements are to be considered when assessing that a person was **harmed as a direct result** – injuries and/or medical conditions which:

- were caused by a terrorist act, or
- which would not have developed without the terrorist act, or
- were pre-existing and were aggravated as a result of the terrorist act, or
- on the balance of probability, have resulted from the terrorist act.

Injuries or harmed

For the purposes of the Australian Victim of Terrorism Overseas Payment, injuries or harmed includes any physical or psychological injury suffered as a direct result of a declared overseas terrorist act.

Request for clarification of additional information

We may contact you if we require further information about a claimant's injury to process their claim.

Reimbursement for Services

We have asked your patient/client to let you (and your receptionist) know at the time of making their appointment that they require you to complete this report. This is to make sure that you have sufficient time for the completion of the report. The time taken to complete this report counts towards the length of the consultation. You can claim it as a long consultation.

For information about confidentiality and disclosure of information

See questions 5, 6 and 9.

Thank you for your assistance.

We are seeking details of the injuries your patient/client sustained as a direct result of the terrorist act (e.g. injury from flying debris), or would not have developed without the incident (e.g. the patient/client now has post traumatic stress disorder – PTSD).

Please be as thorough as possible and list ALL injuries or conditions. We may need to contact you for further details.

Please list each condition specifically. For example:

- Head trauma ✗
- Basilar skull fracture with cerebral contusions ✓
- Stress ✗
- Low mood, anxiety, difficulty leaving home – depression or anxiety ✓

Please **copy extra pages** as required and attach.

Also **provide all relevant reports**, including hospital or other discharge summaries and any treating health professional reports.

Please use black or blue pen.

1 This person has been: my patient/client since

 a patient/client at this practice since

Continued over the page ▶▶

2 Physical or psychological/psychiatric injuries or conditions **sustained as a direct result of the terrorist act**

1 Diagnosis/injury as a direct result of the terrorist act specified on page 1 of this report	
Who made the diagnosis?	
Clinical history of the injury or condition	
Details of past, current and recommended treatment	
Current symptoms	
How long did the injury or condition persist, or how long do you expect it to persist, from the date of the terrorist act ?	less than 6 weeks <input type="checkbox"/> 14 weeks to 28 weeks <input type="checkbox"/> permanent <input type="checkbox"/> 6 to 13 weeks <input type="checkbox"/> over 28 weeks but not permanent <input type="checkbox"/>

2 Diagnosis/injury as a direct result of the terrorist act specified on page 1 of this report	
Who made the diagnosis?	
Clinical history of the injury or condition	
Details of past, current and recommended treatment	
Current symptoms	
How long did the injury or condition persist, or how long do you expect it to persist, from the date of the terrorist act ?	less than 6 weeks <input type="checkbox"/> 14 weeks to 28 weeks <input type="checkbox"/> permanent <input type="checkbox"/> 6 to 13 weeks <input type="checkbox"/> over 28 weeks but not permanent <input type="checkbox"/>

If there are more than 6 injuries or conditions to be recorded, copy page 6 and complete for each additional injury or condition.

2 *Continued*

3 Diagnosis/injury as a direct result of the terrorist act specified on page 1 of this report	
Who made the diagnosis?	
Clinical history of the injury or condition	
Details of past, current and recommended treatment	
Current symptoms	
How long did the injury or condition persist, or how long do you expect it to persist, from the date of the terrorist act ?	less than 6 weeks <input type="checkbox"/> 14 weeks to 28 weeks <input type="checkbox"/> permanent <input type="checkbox"/> 6 to 13 weeks <input type="checkbox"/> over 28 weeks but not permanent <input type="checkbox"/>

4 Diagnosis/injury as a direct result of the terrorist act specified on page 1 of this report	
Who made the diagnosis?	
Clinical history of the injury or condition	
Details of past, current and recommended treatment	
Current symptoms	
How long did the injury or condition persist, or how long do you expect it to persist, from the date of the terrorist act ?	less than 6 weeks <input type="checkbox"/> 14 weeks to 28 weeks <input type="checkbox"/> permanent <input type="checkbox"/> 6 to 13 weeks <input type="checkbox"/> over 28 weeks but not permanent <input type="checkbox"/>

If there are more than 6 injuries or conditions to be recorded, copy page 6 and complete for each additional injury or condition.

2 *Continued*

If there are more than 6 injuries or conditions to be recorded, copy this page and complete for each additional injury or condition.

5 Diagnosis/injury as a direct result of the terrorist act specified on page 1 of this report	
Who made the diagnosis?	
Clinical history of the injury or condition	
Details of past, current and recommended treatment	
Current symptoms	
How long did the injury or condition persist, or how long do you expect it to persist, from the date of the terrorist act ?	less than 6 weeks <input type="checkbox"/> 14 weeks to 28 weeks <input type="checkbox"/> permanent <input type="checkbox"/> 6 to 13 weeks <input type="checkbox"/> over 28 weeks but not permanent <input type="checkbox"/>
6 Diagnosis/injury as a direct result of the terrorist act specified on page 1 of this report	
Who made the diagnosis?	
Clinical history of the injury or condition	
Details of past, current and recommended treatment	
Current symptoms	
How long did the injury or condition persist, or how long do you expect it to persist, from the date of the terrorist act ?	less than 6 weeks <input type="checkbox"/> 14 weeks to 28 weeks <input type="checkbox"/> permanent <input type="checkbox"/> 6 to 13 weeks <input type="checkbox"/> over 28 weeks but not permanent <input type="checkbox"/>

3 Pre-existing physical or psychological/psychiatric injuries or conditions exacerbated as a direct result of the terrorist act
 If there are more than 3 pre-existing injuries or conditions to be recorded, copy page 8 and complete for each additional injury.

1 Condition exacerbated as a direct result of the terrorist act specified on page 1 of this report
Symptoms prior to incident
Clinical history of the exacerbation
Has treatment changed as a result of the exacerbation?	No <input type="checkbox"/> Yes <input type="checkbox"/> Give details
Current symptoms
How long did the exacerbation persist, or how long do you expect it to persist, from the date of the terrorist act ?	less than 6 weeks <input type="checkbox"/> 14 weeks to 28 weeks <input type="checkbox"/> permanent <input type="checkbox"/> 6 to 13 weeks <input type="checkbox"/> over 28 weeks but not permanent <input type="checkbox"/>

2 Condition exacerbated as a direct result of the terrorist act specified on page 1 of this report
Symptoms prior to incident
Clinical history of the exacerbation
Has treatment changed as a result of the exacerbation?	No <input type="checkbox"/> Yes <input type="checkbox"/> Give details
Current symptoms
How long did the exacerbation persist, or how long do you expect it to persist, from the date of the terrorist act ?	less than 6 weeks <input type="checkbox"/> 14 weeks to 28 weeks <input type="checkbox"/> permanent <input type="checkbox"/> 6 to 13 weeks <input type="checkbox"/> over 28 weeks but not permanent <input type="checkbox"/>

3 *Continued*

If there are more than 3 pre-existing injuries or conditions to be recorded, copy this page and complete for each additional injury.

<p>3 Condition exacerbated as a direct result of the terrorist act specified on page 1 of this report</p>	<p>.....</p> <p>.....</p>
<p>Symptoms prior to incident</p>	<p>.....</p> <p>.....</p>
<p>Clinical history of the exacerbation</p>	<p>.....</p> <p>.....</p>
<p>Has treatment changed as a result of the exacerbation?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/> Give details</p> <p>.....</p> <p>.....</p>
<p>Current symptoms</p>	<p>.....</p> <p>.....</p>
<p>How long did the exacerbation persist, or how long do you expect it to persist, from the date of the terrorist act?</p>	<p>less than 6 weeks <input type="checkbox"/> 14 weeks to 28 weeks <input type="checkbox"/> permanent <input type="checkbox"/></p> <p>6 to 13 weeks <input type="checkbox"/> over 28 weeks but not permanent <input type="checkbox"/></p>

4 Is there any other information you would like to provide?

No ► Go to next question

Yes ► Give details below

5 **Release of medical information**

The *Freedom of Information Act 1982* allows for the disclosure of medical or psychiatric information directly to the individual concerned. If there is any information in your report which, if released to your patient/client, may harm his or her physical or mental well-being, please identify it and briefly state below why you believe it should not be released directly to the patient/client. Similarly, please specify any other special circumstances which should be taken into account when deciding on the release of your report.

Is there any information in this report which, if released to the patient/client, might be prejudicial to his/her physical or mental health?

No ► Go to next question

Yes ► Identify the information and state why it should not be released directly to the patient/client.

If you answered 'Yes' to this question, please finish completing this report and then return it directly to: Services Australia, Australian Victim of Terrorism Overseas Payment, Reply Paid 7830, CANBERRA BC ACT 2610.
From outside Australia (costs apply): Services Australia, Australian Victim of Terrorism Overseas Payment, PO Box 7830, CANBERRA BC ACT 2610.

► Go to next question

6 **Confidentiality of Information** The personal information that is provided to you for the purpose of this report must be kept confidential.

7 Details of Health Professional or Allied Health Professional completing this report
Please print in BLOCK LETTERS or use a stamp.

Name

--

Professional qualifications

--

Address

Postcode

Phone number

()

Fax number

()

Stamp (if applicable)

Continued

8 What days and times would be most suitable for us to contact you if we need to discuss the information contained in this report?

Day	Time	To	Time
<input type="text"/>	<input type="text"/> : <input type="text"/> am <input type="text"/> pm	To	<input type="text"/> : <input type="text"/> am <input type="text"/> pm
<input type="text"/>	<input type="text"/> : <input type="text"/> am <input type="text"/> pm	To	<input type="text"/> : <input type="text"/> am <input type="text"/> pm

9 **IMPORTANT INFORMATION FOR THE HEALTH PROFESSIONAL OR ALLIED HEALTH PROFESSIONAL**

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy

10 Health Professional or Allied Health Professional's signature

	Date
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Returning this report

You can give this report and any attachments to your patient/client or you can return this report directly to us. However, if you answered 'Yes' at question 5, please make sure to return this report directly to:

**Services Australia
Australian Victim of Terrorism Overseas Payment
Reply Paid 7830
CANBERRA BC ACT 2610.**

From outside Australia (costs apply):

**Services Australia
Australian Victim of Terrorism Overseas Payment
PO Box 7830
CANBERRA BC ACT 2610
Australia.**