

## ACC883a Concussion Services referral form completion guide

The ACC883 form is completed by a registered medical practitioner or an ACC staff member to request that a client enters the Concussion Service.

The table below details the information that should be found in each field in the ACC883 form.

Field	Description of information required
<b>Section 1 – Client Details</b>	
Client information	Complete all sections
Employed ( <i>Circle</i> )	<p>Select 'Yes' if the client:</p> <ul style="list-style-type: none"> <li>is currently employed, or</li> <li>ceased employment due to the injury</li> </ul> <p>The Concussion Service provider will be expected to return the client to employment.</p>
Employer Name	Complete if the client is still employed or if the employment ceased due to this injury. Otherwise leave blank.
<b>Section 2 – Injury Information</b>	
ACC45	<p>An ACC45 must be submitted for the injury. Ensure the ACC45 number is transferred to this form.</p> <p>You can contact the Provider Helpline 0800 222 070 to find out if a claim has been submitted and the claim or ACC45 number.</p> <p>If an ACC45 has not been submitted you will need to do this as a referral will not be processed until the claim has been accepted for cover.</p>
Date of Injury	The date of the injury that resulted in the concussion.
Date Injury Reported	The date the concussion was diagnosed (if not diagnosed at 'date of injury')
Date of Consultation	The date of the consultation that prompted this referral.
Principal or additional injury	Is the concussion the principal injury or additional injury
Number of consultations	<p>The number of times the client has been seen for this concussion. GPs usually manage the early acute recovery of their patients and should refer only those that do not recover as expected.</p> <p>Therefore there can be a number of consultations prior to referral including the local Emergency Dept.</p>

GCS & PTA	Glasgow Coma Scale and Post Traumatic Amnesia scores should be recorded if available from either direct observation or clinical records
Mechanism of Injury	Briefly describe what happened. For example: 'Fall from a horse and hit her head with LOC'
Diagnosis	Confirm or issue diagnosis including Read code or ICD10 code. Identify if the concussion is the principal injury or if there are a number of other injuries. This can help ACC understand why there may be a long delay in reporting the concussion. For instance a fall from a bike with no other injuries would normally be reported immediately whereas a car accident with multiple complex injuries may mean the concussion isn't identified until later.
Symptoms ( <i>Tick Box</i> )	Tick the boxes to identify the symptoms present
Further Description	Describe any other symptoms not mentioned on the 'tick box' list that can be attributed to the injury.
Pre-injury co morbidities	Pre morbid factors will not necessarily exclude a client from this service but can impact on the client's recovery. It is important that they be identified so that reasonable outcomes can be set and plans made to manage the impact. In particular substance abuse, personality disorder or other known mental health issues should be identified.
<b>Section 3 – Referrer Details</b>	
Referrer details	Complete all sections
Notification of Decline ( <i>Tick Box</i> )	Tick box for the referrer to indicate if they want to be notified if the request for services is declined or if another party should be notified e.g. usual GP where ED or locum completes the referral.
Referrer's Signature	The signature of the doctor confirms that the information provided is accurate. If the form is being emailed the form is deemed to be 'signed' and the named doctor is accountable for the accuracy of the referral.
Date	The date the referral was completed.
<b>Section 4 – Funding Decision (ACC to Complete)</b>	
Funding Approved ( <i>Tick Box</i> )	Tick the box if the referral has been reviewed and ACC has agreed to purchase concussion services for the client.  Note: TBI21 service maximum is 3 hours
Claim Number	The claim number that all concussion services costs will be assigned to. This may change if ACC

	believes a different claim is applicable.
Purchase Order Number	The number the vendor will use when submitting invoices.
Approved Vendor	A vendor who holds a current Concussion Services contract.
Funding Declined ( <i>Tick Box</i> )	<p>Tick the box if the referral has been reviewed and ACC has declined to purchase concussion services for the client.</p> <p>Indicate the reason for the service decline and notify the referrer (if this was requested) and the client.</p>
Case Manager details	Complete all sections