

DVA treatment cycle

End of Cycle Report for allied health providers

DVA client details			
Name		DOB	
DVA file number		Phone	
Referring clinician		Referral date for this cycle	
Previous treatment			
Condition(s) being managed/reason for referr	al (include details of any rela	ted or new conditions being m	nanaged as part of this cycle)
Client goals and date assessed	Not met	Ongoing	Completely achieved
Management summary			
Outcome measures (attach another page if requi	ired)		
Outcome measures (attach another page if requi		Start of this syclo score	End of this cyclo score
Outcome measures (attach another page if requi	ired) Initial assessment score Date:	Start of this cycle score Date:	End of this cycle score Date:
	Initial assessment score	_	_
	Initial assessment score	_	_
	Initial assessment score Date:	_	_
Measure	Initial assessment score Date: ditional comments:	_	_
Measure Interpretation of outcome measures and add	Initial assessment score Date: ditional comments:	Date:	_
Measure Interpretation of outcome measures and add	Initial assessment score Date: ditional comments: Reasoning to supp	Date:	_
Interpretation of outcome measures and add Further management required: Yes No	Initial assessment score Date: ditional comments: Reasoning to supp	Date:	_
Interpretation of outcome measures and add Further management required: Yes No Allied health provider details (use stamp if appre	Initial assessment score Date: ditional comments: Reasoning to supp	Date:	_
Interpretation of outcome measures and add Further management required: Yes No Allied health provider details (use stamp if apprentice) Name and provider number	Initial assessment score Date: ditional comments: Reasoning to supp	Date:	_
Interpretation of outcome measures and add Further management required: Yes No Allied health provider details (use stamp if approvider number Allied health profession	Initial assessment score Date: ditional comments: Reasoning to supp	Date:	_
Interpretation of outcome measures and add Further management required: Yes No Allied health provider details (use stamp if approximate and provider number) Allied health profession Practice name and address	Initial assessment score Date: ditional comments: Reasoning to supp	Date:	_

End of Cycle Report for allied health providers

Explanatory notes

This template must be used by allied health providers to prepare an End of Cycle Report. All sections should be completed. Allied health providers must send the completed report to the client's usual GP. Refer to the Guide to the treatment cycle for GPs and allied health providers for more details about the treatment cycle and the End of Cycle Report requirements.

Client details	Referring clinician: This may be the client's GP or medical specialist, or a health professional as part of a hospital discharge.
	Referral date for this cycle: Referrals are valid for up to 12 sessions or one year, whichever ends first.
	Previous treatment: Record the dates of previous treatment, including the date of initial consultation for this condition/reason and dates of previous treatment cycles. This will provide the total duration of management.
Condition(s) being managed/reason(s)	Describe the condition(s) being managed or reason(s) for referral, which may not be identical to that identified by the referring clinician.
for referral	Include information about the condition(s) or reason(s) that you have identified through your assessment and treatment, but which may not have been identified in the referral.
	If the related or new conditions were managed as part of this cycle, include details of these.
Client goals	List the goals that you agreed with the client at the initial consultation, and indicate the extent to which these goals have been met. Include the date the goals were assessed.
	Tick the relevant box to indicate whether a goal has been met or not, or where continued effort is needed to achieve the goal.
Management summary	Briefly outline the treatment you provided. Include treatment modality; type, number and frequency of services; and any aids or appliances supplied. Describe any variations you made to the initial Patient Care Plan.
Outcome measures	List the outcome measures you used to evaluate treatment effectiveness. Outcome measures must be standardised and validated.
	Initial assessment score: The score for the outcome measure at the client's initial assessment. If the client has had previous treatment cycles for the same condition, use the score from the initial assessment of the client's first treatment cycle, not the current cycle.
	Start of this cycle score: The score for the outcome measure at the start of the current treatment cycle. If this is the first time the client has been treated for this condition, the score will be the same as the initial assessment score.
	End of this cycle score: The score for the outcome measure at the time of reporting on the current treatment cycle.
	Include the date that each score was recorded.
	Interpretation of outcome measures and additional comments: Describe what the outcome measure scores mean for the client. Include any other additional comments to help the client's GP assess their needs.
Further management required, and reasoning	Indicate whether further management is required, and justify your recommendation with reference to the standardised outcome measures, evidence-based advice or patient characteristics (e.g. patient not attending sessions).