

## Victim Assist Queensland

### Notice for registered health practitioners completing the Medical Certificate (Form 3)

Please find enclosed a Medical Certificate (Form 3). This form has been approved by the Chief Executive of the Department of Justice and Attorney-General for use in accordance with the *Victims of Crime Assistance Act 2009* (the Act).

If you have received this form it means that the patient you are treating intends to apply for financial assistance as a victim of a violent crime to Victim Assist Queensland under the Act. It is a requirement under the Act for the medical certificate to accompany an application for financial assistance.

The medical certificate is required to be filled out by a registered health practitioner (e.g. doctor or dentist) who can provide information on the physical and/or psychological injuries which a person has suffered as a result of an act of violence.

When completing this medical certificate, please report based on what you perceive the patient's injuries to be at this time. You do **not** have to be the practitioner who attended the patient immediately after their injuries occurred. You do have the option of stating whether your diagnosis is provisional.

If the patient is returning with the medical certificate some time after they first presented to you with injuries from the act of violence, you may also report on the injuries you treated previously, providing this was documented as a result of the same act of violence.

This medical certificate is one part of an administrative process for deciding an applicant's eligibility for assistance. With the person's consent, an assessor (officer employed by the Department of Justice and Attorney-General) assigned to this case may contact you at a later date for further information about the victim's injuries and specific treatment/support needs to help the assessor further with the decision process.

For your information, an applicant also gives consent for Victim Assist Queensland to request records from Queensland Health for further information on an applicant's injuries as required.

Once you have completed the medical certificate please return it to your patient for them to attach to their application for financial assistance.

If you have any questions, please do not hesitate to contact Victim Assist Queensland on **1300 546 587** or [victimslinkup@justice.qld.gov.au](mailto:victimslinkup@justice.qld.gov.au).



**Privacy Notice:** The Department is collecting your personal information for the purpose of assessing an application for financial assistance under the *Victims of Crime Assistance Act 2009*. It is the Department's usual practice to only disclose information collected on this form to the Queensland Civil and Administrative Tribunal for the purpose of hearing an appeal should the applicant appeal the Government Assessor's decision.

**This form must be completed by a registered health practitioner (e.g. a doctor or dentist) before a person can apply for assistance under the *Victims of Crime Assistance Act 2009*.**

With the applicant's consent, the Government Assessor may contact you at a later date for further information about the person's injuries and specific treatment/support needs.

**Section A - Details of the Person Wanting Assistance (Victim)**

I certify that on  / /

I attended    / /

He/she was first seen at this practice/hospital for this injury on the  / /

He/she stated the cause of the injury was

He/she is or was suffering from (*list medical/dental injuries/disease/conditions/adverse impacts relevant to the claim for assistance as a victim of an act of violence*).

**Diagnosis**

This is a provisional diagnosis only (*If provisional, please complete the Diagnostic Plan Section B*).

**Section B - Diagnostic Plan** (*Complete if provisional diagnosis indicated in Section A*)

I have ordered:  Diagnostic imaging  Pathology  Other investigations

Please give details

**Section C - Medical Management Plan**

**Treatment**

Referred to specialist (*specialty/name*)

Referred to allied health (*discipline/name*)

Referred to counselling (*name*)

**Continued over page...**

**Section D - Registered Health Practitioner Details and Signature** (e.g. doctor or dentist) \_\_\_\_\_

Please print clearly.

Registered health practitioner name

Provider number

Practice/hospital name

Postal address

Postcode

Telephone number

Mobile/alternative number

Days and times you are available for us to contact you

Fax number

Email address (if known)

What is your preferred method of contact?

Telephone

Fax

Email

Signature

Date

**Practice/Hospital Stamp Here**

The completed medical certificate should be submitted by the applicant with the Financial Assistance Application (Form 1). If the medical certificate should need to be submitted separately, please return to Victim Assist Queensland by:

Fax: (07) 3109 1901

Email: (signed and scanned) to [victimslinkup@justice.qld.gov.au](mailto:victimslinkup@justice.qld.gov.au)

Mail: GPO Box 149, Brisbane QLD 4001

For more information please contact Victims LinkUp on 1300 546 587