

Checklist

Permanent impairment assessment checklist for medical practitioners

This checklist is applicable to any assessment conducted from 1 September 2017.

To be completed by a medical practitioner for the initial assessment or by the chair of the panel for a reassessment.

- This checklist has been developed to assist in ensuring that all essential steps have been taken.
- This checklist should be **completed and attached** to the permanent impairment assessment or reassessment report. Failure to attach the checklist will not invalidate the report.
- **The report:** Upon conclusion of your examination/s and consideration you must provide a written report covering the following aspects of the permanent impairment, which have resulted **only** from the **work-related** injury or disease.
- **Approved Guides:** The degree of permanent impairment of the whole person must be assessed in accordance with the [NT WorkSafe Guidelines for the Evaluation of Permanent Impairment \(V1.1\)](#) hereafter referred to as the NT Guidelines.
- The NT Guidelines adopt the fifth edition of the American Medical Association's *Guides to the Evaluation of Permanent Impairment (5th Edition)* (AMA5) in most cases. Where there is any deviation, the difference is defined in the NT Guidelines and the procedures contained in the NT Guidelines are to prevail if there is any inconsistency with AMA5.

Claimant name:	
Date of birth:	

Checklist

Please tick

		Yes	No
1	Have you included personal particulars of the worker including full name, address, date of birth, height, weight, physique and demeanour, details of sports, hobbies, recreational activities and habits?	<input type="checkbox"/>	<input type="checkbox"/>
2	Have you referenced all reports, medical or otherwise, considered for the purpose of the assessment or reassessment?	<input type="checkbox"/>	<input type="checkbox"/>
3	Have you consistently used the NT Guidelines for the purpose of obtaining a percentage figure? <i>Please note: Reference to the use of publications other than the NT Guidelines in the text of the report may render the permanent impairment assessment or reassessment invalid.</i>	<input type="checkbox"/>	<input type="checkbox"/>

4	Have you confirmed that the assessed impairment has reached maximum medical improvement? (that is the impairment is considered to be unlikely to change substantially in the next year with or without medical treatment)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Has the percentage level of permanent impairment been expressed as a 'whole person impairment' (WPI)? <i>For Reassessments by a Medical Panel arranged by NT WorkSafe, the percentage level of permanent impairment expressed in the report should in general reflect that it is a consensus of the three medical practitioners and not the opinion of an individual member of the panel.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6	Have you determined the value of each impairment separately (if two or more impairments exist) to achieve a single 'whole person' percentage figure using the Combined Values Chart (pages 604-606 of AMA5)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7	Has the report been compiled in accordance with the Introduction, Parts 2 & 3 of the NT Guidelines, including Chapter 2.6 'Preparing Reports' of AMA5?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8	Have you referred to and documented the relevant table/s and chapter/s of the NT Guidelines used in arriving at your assessment or reassessment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9	Where appropriate, have you apportioned (see 1.27 & 1.28 of the NT Guidelines) the percentage of impairment with any pre-existing non-compensable condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

The checklist has been developed to assist in ensuring all essential steps have been taken as required by the NT Guidelines. The checklist does not preclude nor replace the requirement for this information to be demonstrated in the assessment and reassessment report.

This section should be filled in and signed by the medical practitioner who has prepared the report.

Attaching the checklist to your report is helpful to scheme participants.

Medical Practitioner's name who prepared the report (please print)

Medical Practitioner's provider number

Medical Practitioner's signature

Date

Contact us

For further information see our website www.worksafe.nt.gov.au or call NT Worksafe on our toll free number 1800 250 713 (Australia wide).