

Commission des services financiers de l'Ontario

Recherche

[Recherche avancée](#)

[Accueil](#) | [Plan du site](#) | [Formules](#) | [Services en ligne](#) | [English](#) | [Contactez](#)



Services offerts dans différents secteurs de services financiers

[Assurance](#) [Retraites](#) [Audiences/Décisions](#) [Permis/Enregistrement](#) [Qui nous réglementons](#) [À propos de la CSFO](#) [Publications](#)

[Page d'accueil](#) > [Publications](#) > [Bulletins](#) > [AutomobileBulletins](#) : Directives d'évaluation révisées à l'intention des CED

(déficience invalidante)

Taille du texte :



Assurance multirisques - Bulletins - Auto

Bulletins sur les régimes de retraite

Bulletins de contrôle et de mise en application

Bulletins sur les changements à la délivrance de permis

Bulletins par secteur

Bulletin

No. A-09/01

I.A.R.D.

- Auto

NOTE: Les bulletins affichés sur ce site Web vous sont offerts comme références historiques seulement. Les informations qu'ils renferment sont exactes à la date de publication, mais sont sujettes à changement et peuvent avoir été remplacées par un bulletin ultérieur. Les utilisateurs sont encouragés à vérifier ces informations avant de prendre toute décision.

Les bulletins affichés peuvent contenir des formules périmées. Pour la version actuelle des formules de la CSFO, veuillez consulter la [section formules](#) de ce site Web.

Directives d'évaluation révisées à l'intention des CED (déficience invalidante)

À l'attention de toutes les compagnies d'assurance autorisées

à faire souscrire de l'assurance automobile en Ontario

La Commission des services financiers de l'Ontario (CSFO) a le plaisir de présenter, à titre d'information, les directives d'évaluation révisées à l'intention des CED (Déficience invalidante).

Le Comité ministériel du système des CED (le Comité ministériel), qui a pour mandat d'aider les centres d'évaluation désignés à fournir des appréciations neutres, approfondies et économiques, a recommandé la mise en œuvre des directives révisées qui entreront en vigueur **le 1 octobre 2001**

Les directives d'évaluation révisées, annexées au présent document, sont intitulées Lignes directrices sur l'évaluation par les CED des déficiences invalidantes : un guide sur la détermination de déficiences invalidantes à l'intention des centres d'évaluation désignés (octobre 2001). Elles remplacent les Directives pour les centres d'évaluation désignés qui effectuent des évaluations pour les accidents survenus le 1er novembre 1996 ou par la suite, telles qu'elles ont

été amendées en juin 1998, uniquement en ce qui concerne les évaluations de déficiences invalidantes.

Les lignes directrices offrent une orientation ainsi qu'un cadre législatif qui permettront aux évaluatrices et aux évaluateurs de mener à bien leur rapport. Comme c'est le cas pour les autres directives d'évaluation destinées aux CED, le processus d'examen des dossiers comporte des filtres afin d'aider à :

- concentrer l'attention sur les questions qui sont en litige ;
- établir le type et la quantité de professionnels de la santé requis pour déterminer l'état de la demanderesse ou du demandeur.

Ces directives ont permis au Comité ministériel d'aborder d'autres questions concernant le système, notamment :

- l'efficacité en matière de coûts et de temps afin de permettre un examen par voie d'étude du dossier sur des questions portant sur la validité de l'échelle de Glasgow et sur des points de sortie plus précoces, une fois la déficience invalidante déterminée ;
- le recours prioritaire à un centre d'évaluation désigné (Déficience invalidante) dans le but d'offrir une opinion sur les questions en litige afin de ne pas élargir inutilement l'étendue de l'évaluation et de ne pas outrepasser le mandat.

Le nouveau guide présente également une désignation pédiatrique pour les CED (Déficience invalidante) qui répondent aux critères d'admissibilité.

Ces nouveaux documents reflètent l'engagement indéfectible de la CSFO et du Comité ministériel à ce que le système des CED soit équitable, accessible, ponctuel et économique.

Veuillez vous assurer de porter l'information contenue dans le présent bulletin à l'attention de votre coordonnatrice ou coordonnateur du règlement extrajudiciaire des différends.

Renseignements supplémentaires

Les questions concernant ce bulletin devraient être adressées à l'Unité des politiques d'assurance automobile de la CSFO au 416 790-7137 ou au 1 800 668-0128, poste 7137. Numéro de télécopieur : 416 590-7265.

Philip Howell

Directeur général et

surintendant des services financiers (par intérim)

Le 17 septembre 2001

Pièce jointe :

- [Lignes directrices sur l'évaluation par les ced des déficiences invalidantes](#)



Pour visualiser les fichiers PDF, vous devez avoir la version 7.0 d'Adobe Acrobat® Reader. Vous pouvez télécharger ce logiciel gratuit à partir du [site Web d'Adobe](#).

Page: 625 Trouver la page:



Version à imprimer



Marquer la page d'un signet



Envoyer cette page

[Avis importants](#) | [Confidentialité](#)

[Accueil](#) | [Ministère des Finances](#) | [Plan du site](#) | [Commentaires](#) | [English](#) | [Contactez](#)

© Imprimeur de la Reine pour l'Ontario, 2006

Commission des services financiers de l'Ontario
5160, rue Yonge
Toronto, ON M2N 6L9
1 800 668-0128
416 250-7250



Dernière mise à jour :
9/20/2005 4:37:32 PM



Providing Services Across
Financial Services Sectors

[Insurance](#) [Pensions](#) [Hearings & Decisions](#) [Licensing & Registration](#) [Who We Regulate](#) [About FSCO](#) [Publications](#)
[Assurance](#) [Retraites](#) [Audiences/Décisions](#) [Permis/Enregistrement](#) [Qui nous réglementons](#) [À propos de la CSFO](#) [Publications](#)

Ce site sera disponible en français à bientôt. Nous nous excusons de cet inconvénient. Pour tout renseignement sur ce site, veuillez vous rapporter à notre page de commentaires.

[English version of requested page](#)

**CATASTROPHIC IMPAIRMENT DESIGNATED ASSESSMENT CENTRE
ASSESSMENT GUIDELINES**

A guide to conducting catastrophic impairment DAC assessments

October 2001

Table of Contents

PART 1	INTRODUCTION	1-1
1.1	Overview	1-1
1.2	Purpose of Catastrophic Impairment Assessment	1-1
1.3	Definition of Catastrophic Impairment	1-2
1.4	Causation	1-4
1.5	SABS Terminology	1-4
1.6	Special Authorization	1-4
PART 2	DAC RESOURCES	2-1
2.1	Physical Resources	2-1
2.2	Human Resources	2-1
2.2.1	Case Co-ordination	2-2
2.2.2	Core Team	2-4
2.2.3	On-Call Team	2-5
2.2.4	Paediatric Authorization	2-6
PART 3	INTAKE PROCESS	3-2
3.1	Objectives	3-2
3.2	Intake Steps	3-3
PART 4	ASSESSMENT PROCESS	4-1
4.1	Introduction	4-1
4.2	SABS Catastrophic Impairment Definition Clauses (a) to (d)	4-1
4.3	SABS Catastrophic Impairment Definition Subclause (e) (i) - GCS	4-1
4.4	SABS Catastrophic Impairment Definition Subclause (e) (ii) - GOS	4-2
4.5	SABS Catastrophic Impairment Definition Clause (f) - 55% Whole Person	4-2
4.6	SABS Catastrophic Impairment Definition Clause (g) - Mental & Behavioural Disorders	4-3
4.7	Paediatric Catastrophic Impairment Assessment Process	4-3
4.8	Determination of Catastrophic Impairment Status	4-4
PART 5	CAT DAC REPORTS	5-1
5.1	Clinical Co-ordinator Reporting Checklist	5-1
5.2	Standard Report Format	5-1
Appendix A	CAT DAC Referral Document Checklist	A-1
Appendix B	Standard Referral Confirmation Letter	B-1
Appendix C	GOS Background Information	C-1
Appendix D	Standard Report Cover Sheet	D-1

PART 1 INTRODUCTION

1.1 Overview

This guide is intended for use by the Catastrophic Impairment Designated Assessment Centres (CAT DACs) under the Statutory Accident Benefits Schedule¹ (SABS) in the assessment of catastrophic impairments.

Section 40 of the SABS outlines the process for:

- application for catastrophic status
- insurer response
- assessment and report by a DAC
- determination of catastrophic impairment.

In the event of a discrepancy between this Guide and the SABS, the SABS shall prevail.

This guide outlines the process for conducting CAT DACs and has been developed with extensive consultation and consensus reached by practice experts. It presents a structured approach to performing CAT DAC assessments, and is designed to achieve the following objectives:

- To be consistent with the SABS.
- To ensure DACs follow a common assessment approach and standard.
- To assist DACs in producing reports that are useful to the parties in resolving their dispute.
- To provide a structured reporting format that is comprehensive and includes well-supported conclusions.

When the DAC deviates from this guide, an explanation should be noted in the report. Although CAT DAC processes must conform to the SABS and the requirements of this guide, it is the responsibility of each clinician involved in the assessment to use his/her own clinical judgment in planning the assessment and interpreting the assessment outcome.

1.2 Purpose of Catastrophic Impairment Assessment

Bill 59 includes a definition of catastrophic impairment. Claimants with injuries meeting this definition may have access to a higher level of benefits for medical and rehabilitation goods and services, attendant care, and case management. A CAT DAC assessment will determine whether the claimant is entitled to this higher limit, but will not make a determination as to whether a specific benefit is reasonable and necessary. Any dispute involving this reasonable and necessary test may require a Medical/Rehabilitation and/or an Attendant Care DAC assessment to assist in resolving the dispute in accordance with the SABS.

¹ A regulation under the Insurance Act, for accidents occurring on or after November 1, 1996

The CAT DAC assessment may be initiated in one of two ways:

- 1) A claimant applies to the insurer for catastrophic status, the insurer denies this request, and the claimant responds by requesting a CAT DAC.

or

- 2) A claimant applies to the insurer for catastrophic status, and the insurer requests a CAT DAC assessment prior to providing a response to the claimant.

The application for catastrophic impairment determination will state the reasons, according to the treating practitioner completing the application, why his/her patient meets the definition. Factors such as an inadequately completed form or the referring practitioner's apparent lack of understanding of the catastrophic criteria, should not prevent a DAC from conducting the assessment. As well, these factors should not limit the CAT DAC assessment to exploring only the impairment(s) identified in the application. It is the CAT DAC's responsibility to ensure that a comprehensive assessment of each claimant's impairment(s) is conducted to determine if the impairment(s) qualifies as catastrophic.

This principle should not, however, open the door to inefficient assessments that 'over-assess' the claimant. Accordingly, the intake process and assessment protocols have been designed to focus the assessment appropriately and, where possible, to 'stage' assessments so that only necessary investigations are undertaken. In planning and undertaking its assessment, the CAT DAC must balance the need for the assessment to be timely, impartial, comprehensive, and cost-effective.

1.3 Definition of Catastrophic Impairment

According to **SABS Subsection 40 (1)**:

"An insured person who sustains an impairment as a result of an accident may apply to the insurer for a determination of whether the impairment is a catastrophic impairment."

And **SABS Subsection 43 (8)** states:

"If the assessment is required under Section 40 to determine whether an impairment is a catastrophic impairment, the report shall include a statement of whether, in the opinion of the person or persons who conducted the assessment, the impairment is a catastrophic impairment."

According to **SABS Subsection 2 (1)**:

“In this Regulation, “catastrophic impairment” means,

- (a) paraplegia or quadriplegia,
- (b) amputation or other impairment causing the total and permanent loss of use of both arms,
- (c) amputation or other impairment causing the total and permanent loss of use of both an arm and a leg,
- (d) total loss of vision in both eyes,
- (e) brain impairment that, in respect of an accident, results in,
 - (i) a score of 9 or less on the Glasgow Coma Scale, as published in Jennett, B. and Teasdale, G., *Management of Head Injuries*, Contemporary Neurology Series, Volume 20, F.A. Davis Company, Philadelphia, 1981, according to a test administered within a reasonable period of time after the accident by a person trained for that purpose, or
 - (ii) a score of 2 (vegetative) or 3 (severe disability) on the Glasgow Outcome Scale, as published in Jennett, B. and Bond, M., *Assessment of Outcome After Severe Brain Damage*, Lancet i:480, 1975, according to a test administered more than six months after the accident by a person trained for that purpose,
- (f) subject to subsections (2) and (3), any impairment or combination of impairments that, in accordance with the American Medical Association’s *Guides to the Evaluation of Permanent Impairment*, 4th edition, 1993, results in 55 percent or more impairment of the whole person, or
- (g) subject to subsections (2) and (3), any impairment that, in accordance with the American Medical Association’s *Guides to the Evaluation of Permanent Impairment*, 4th edition, 1993, results in a class 4 impairment (marked impairment) or class 5 impairment (extreme impairment) due to mental or behavioural disorder;”

Also, according to **SABS Subsection 2 (2)**:

“Clauses (f) and (g) of the definition of “catastrophic impairment” in subsection (1) do not apply in respect of an insured person who sustains an impairment as a result of an accident unless,

- (a) the insured person’s health practitioner states in writing that the insured person’s condition has stabilized and is not likely to improve with treatment; or
- (b) three years have elapsed since the accident.”

And **SABS Subsection 2 (3)**:

“For the purpose of clauses (f) and (g) of the definition of “catastrophic impairment” in subsection (1), an impairment that is sustained by an insured person but is not listed in the American Medical Association’s *Guides to the Evaluation of Permanent Impairment*, 4th edition, 1993 shall be deemed to be the impairment that is listed in that document and that is most analogous to the impairment sustained by the insured person.”

NB: CAT DACs are directed to specific clauses of the SABS catastrophic impairment criteria that restrict rendering a decision until certain conditions are met. Application of criteria e) ii Glasgow Outcome Scale (GOS) is subject to the condition that the test be administered “more than six months after the accident.” Criteria f) 55% Whole Person, and g) Mental and Behavioural Disorders, can only be applied if the “insured person’s condition has stabilized and is not likely to improve with treatment” or “three years have elapsed since the accident.” DACs should note that these conditions **do not apply** to any of the other catastrophic impairment criteria. When applying criteria e) ii., f), or g) and the relevant conditions are not met, the DAC should clearly state this in the report.

1.4 Causation

CAT DAC assessors must comment on ‘causation’ and are directed to the specific SABS clauses regarding catastrophic impairment outlined above. In addition, assessors should note that according to the SABS [Subsection 2 (1)] accident means:

“an incident in which the use or operation of an automobile directly causes an impairment..”

1.5 SABS Terminology

This guide will not provide interpretation of any SABS terminology, including the definition of catastrophic impairment. It is the responsibility of the CAT DAC assessor(s) to use his/her own clinical judgment in arriving at conclusions and to support these conclusions in a well-documented report.

1.6 Special Authorization

The only special authorization under the Catastrophic Impairment Designated Assessment Centres is for **paediatric** claimants. Any CAT DAC wishing to conduct assessments on children must have a speciality designation to do so. Although the SABS does not define ‘child’, for the purposes of catastrophic impairment in CAT DACs, a child may be considered to be any claimant who on the day of the accident was 16 years of age or less².

² If the claimant is greater than 16 years of age at the time of application, the CAT DAC must still bring in its Core Team Paediatrician to consult regarding the most appropriate assessment plan.

A CAT DAC seeking such authorization must be able to demonstrate the requirements outlined in **Human Resources 2.2.4** and be prepared to conduct assessments of the entire range of catastrophic impairment criteria. The assessment of children should follow the intake and assessment processes outlined for general CAT DAC.

Because of the unique nature of paediatric injuries, any cases involving paediatric claimants must be reported to the Accident Benefits Analysis Unit (ABAU) of the Financial Services Commission of Ontario (FSCO) for tracking purposes as soon as the referral is received.

PART 2 DAC RESOURCES

2.1 Physical Resources

CAT DACs will operate in accessible facilities that comfortably provide the necessary interview, examination and testing areas. These facilities will be adequately equipped to deliver assessment processes described in this guide and have access to sufficient resources, including appropriate investigative and diagnostic technologies to conduct a comprehensive, individualized assessment.

In some circumstances, assessments may have to be conducted off-site in the claimant's home, institutional environment, or community. CAT DACs must be prepared to accommodate claimant needs without unreasonably delaying the assessment process. The location of the assessment should be clearly indicated in the final report.

As required with all DAC facilities, CAT DAC sites and facilities must be accessible to the mobility impaired (ie., wheelchair accessible).

2.2 Human Resources

The Human Resources complement for CAT DAC is structured into two co-ordinating roles — **Administrative Co-ordinator** and **Clinical Co-ordinator** and two teams — **Core** and **On-Call**. This structure is intended to ensure that CAT DACs conduct timely and comprehensive assessments with appropriately skilled and qualified health professionals in each of the catastrophic impairment criteria. Each member of the CAT DAC team should possess the following attributes and qualifications:

- A member in good standing and holds a current certificate of registration with the appropriate Ontario regulatory college.
- The necessary skills, knowledge, and ability to offer an opinion, considering the issue under consideration, the claimant's individual circumstances, age, impairment, and disability for each claimant assessed.
- A minimum of five years³ of current, continuing, and relevant practice.
 - **Current** means practice experience gained within the last seven years.
 - **Continuing** means the assessor is presently, or within the past five years, engaged in providing assessments either i) directly or ii) in supervising others or providing consultation to others in such provision.

³ Health professionals with less than the requisite five years' current, continuing, and relevant experience may participate in the assessment team if they have a minimum of three years' current, continuing, and relevant experience, and are under the supervision of a like discipline assessor who does meet the requirements.

- **Relevant** means the assessor is or has been involved in the assessment of patients to identify impairments for the motor vehicle accident injured population.
- Experience working within multidisciplinary teams and with multidisciplinary decision-making.
- Fully conversant with the relevant sections of the SABS, and remains current with DAC guidelines and relevant arbitration decisions.
- Experience in generating well-supported and comprehensive assessment reports.
- Demonstrates ability to communicate assessment outcomes in plain language.

2.2.1 Case Co-ordination

It is important that each case be co-ordinated to provide a smooth process. As well, someone within the DAC must assume ultimate responsibility for ensuring that the SABS and DAC guidelines have been followed.

The nature of these roles can be viewed as ‘administrative’ and ‘clinical.’ This section details the responsibilities of each role. A DAC may decide who will be responsible for the ‘administrative’ role and the ‘clinical’ role (while an appropriate practitioner may assume both roles, certain functions **must** be fulfilled by the practitioner). Accordingly, the roles are broken into these two realms and described as **Administrative Co-ordinator** and **Clinical Co-ordinator**. The report should clearly identify which individual(s) fulfilled these separate but complementary roles in each case.

Administrative Co-ordinator

The Administrative Co-ordinator ensures efficient handling of the assessment. Specific functions include:

- Ensure the referral is complete and identify any missing information.
- Screen the file for conflict of interest, and respond to any conflicts as outlined in the DAC General Guidelines.
- Screen for any claimant special needs, and respond as appropriate.
- Review and organize all documentation on the file, and compile a document list (this list is used for reference by other team members and is included in the ‘Referral Confirmation Letter’ and the final report).
- Ensure that time-lines are adhered to, and that all assessors have completed their draft report within a week of assessing the claimant.
- Ensure the OCF-11A and OCF-19 forms are completed.
- Serve as contact person regarding any ongoing activity relative to that assessment.

- Respond to any complaints.

Clinical Co-ordinator

The Clinical Co-ordinator is responsible for the assessment process. He/she must be a health practitioner and must be an experienced DAC assessor (i.e., has a minimum of five years' experience in the provision of DAC assessments). His/her role is to ensure smooth, efficient, and appropriate handling of the process from intake to the end of the reporting phase.

The complexity of the CAT DAC assessment dictates that the intake process and assessment protocol may require expertise and input from more than one discipline. As such, the Clinical Co-ordinator is encouraged to consult any member(s) of the CAT DAC's team deemed necessary, to help ensure that the full range of catastrophic impairment criteria is given appropriate consideration in the development and implementation of the assessment plan. Specifically, the Clinical Co-ordinator may create an 'intake team'⁴ as needed, to assist in:

- Conducting a thorough clinical file review
- Conducting any necessary medical and psychological screen (see Intake Step 13)
- Developing the projected assessment plan.

Generally, whether individually or in facilitating an 'intake team,' the Clinical Co-ordinator's responsibilities are to:

- Review the file.
- Ensure the referral is complete and determine if any additional information is required.
- Note and respond as appropriate to any particular concerns that might put the claimant at risk in proceeding with the assessment.
- Develop and implement the assessment plan.
- Co-ordinate and facilitate a conference among all pertinent assessors to review outcomes and establish consensus.
- Review all reports to ensure accuracy and consistency.
- Create the Executive Summary report, signed by all assessors involved.
- Complete the OCF-11B.

⁴ This 'intake team' is not to be construed as another layer of assessment; rather, it should be used judiciously in circumstances that warrant additional clinical expertise. This consultation should not create time lags in processing the referral.

2.2.2 Core Team

Mandatory assessors⁵ are specified for each of the catastrophic impairment criteria. Each member of this Core Team must be available to begin the assessment within two weeks of receiving the referral. Up-to-date Practice Summaries for all Core Team members must be on file with the ABAU at all times.

SABS Criteria	Role/Expertise	Disciplines
a) to d)	Conduct necessary file review(s) and/or assessment(s) pertaining to criteria a) to d).	Must be one (1) of: - physiatrist or - family physician or - general internist.
e) i) GCS	Mandatory involvement of two (2) assessors in conducting necessary file review(s) pertaining to Glasgow Coma Scale.	Must be: - neurologist or - neurosurgeon and one (1) of: - physiatrist or - family physician or - neuropsychologist.
e) ii) GOS	- Each discipline may be required to complete a full assessment in order to determine status related to brain impairments in the application of the Glasgow Outcome Scale. - GOS assessment is staged to avoid unnecessary over-assessment. Once catastrophic status is met, the assessment may be concluded.	Must be: - occupational therapist* and - physician⁶ and one (1) of: - neuropsychologist or - neuropsychiatrist or - neurologist or - neurosurgeon.

⁵ All disciplines marked with an asterisk (*) must have 'focus of practice' (minimum three years experience assessing) with this impairment type.

⁶ The physician requirement is met if a neurologist or neurosurgeon is used, therefore limiting the team to two (2) assessors.

SABS Criteria	Role/Expertise	Disciplines
f) 55% Whole Person	The DAC must be able to mount a team that can apply any and all relevant <i>AMA Guides</i> Chapters. However, it is expected that many assessments can be conducted by disciplines which have a general appreciation of whole body systems. For this reason the Core Team requirement is limited to disciplines with this skill set, and any additional expertise is retained on the On-Call Team.	Must be one (1) of: - physiatrist or - family physician.
g) Mental & Behavioural Disorders	- Each discipline may be required to complete a full assessment in determination of status under Mental & Behavioural Disorders. - The assessment is staged to avoid unnecessary over-assessment. Once catastrophic status has been met, the assessment may be concluded.	Must be: - psychiatrist and - occupational therapist* and - psychologist.

2.2.3 On-Call Team

The CAT DAC may require the expertise of other health practitioners or professionals to support a full and comprehensive assessment in specific cases. The DAC should have an On-Call Team that is available to consult with members of the Core Team and to participate in an assessment within a reasonable period of time. Practice Summaries for these On-Call Team members must be submitted to ABAU prior to the assessor's involvement in an assessment.

These **On-Call Team**⁷ members could include:

- audiologist
- cardiologist
- chiropractor
- dermatologist
- general internist
- haematologist
- neurologist
- neuropsychologist
- neurosurgeon
- ophthalmologist
- oral-maxillofacial specialist
- orthopaedic surgeon
- otolaryngologist
- physiatrist
- physiotherapist
- plastic surgeon
- respirologist
- registered nurse
- speech-language pathologist
- toxicologist
- urologist

⁷ Disciplines fulfilled by the CAT DAC's Core Team need not be duplicated.

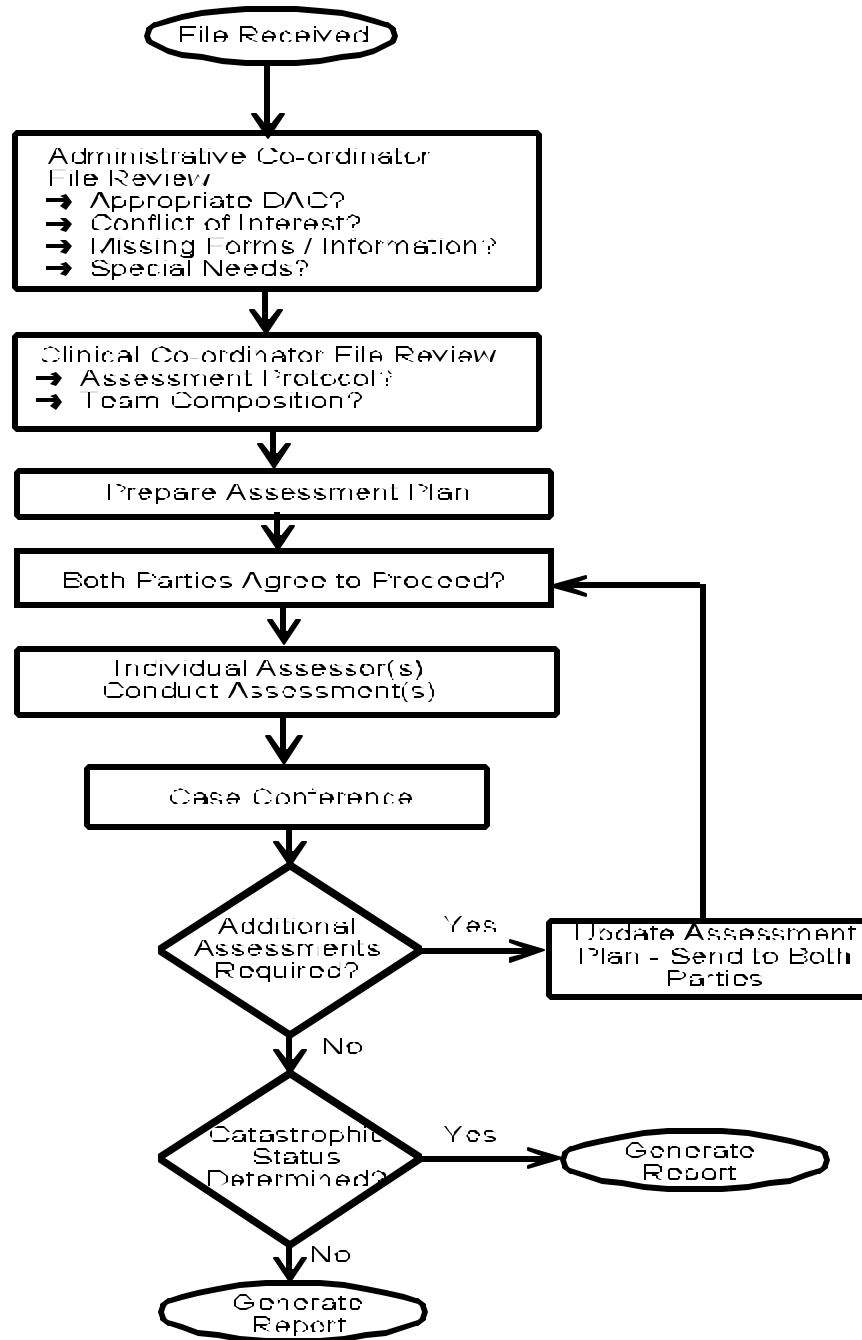
2.2.4 Paediatric Authorization

A CAT DAC wishing special designation for paediatrics must have a **Core Paediatric Team** and an **On-Call Paediatric Team**. The disciplines required to conduct assessments for each of the catastrophic criteria a) to g) are outlined in 2.2.2 Core Team, above. The Core Paediatric Team should reflect these same disciplines, with the exception of the family physician role which must be replaced by a paediatrician. Since a paediatric speciality only formally exists in the discipline of medicine (i.e., paediatrician), every other Paediatric Team member must demonstrate a 'focus of practice'⁸ in the area of paediatrics.

In addition, each member of these paediatric teams must possess the key attributes and qualifications outlined in 2.2 Human Resources.

⁸ All disciplines must have 'focus of practice' (minimum three years' experience assessing) with a paediatric population.

CAT DAC Process Flow Diagram



NB: The process should be stopped and the referral sent back to the insurer, if any of the questions at each stage cannot be appropriately resolved.

PART 3 INTAKE PROCESS

The overall goal of the intake process is to decide on the appropriateness of proceeding to an assessment and, if proceeding, to select the relevant assessment team. The process is structured to ensure that comprehensive information is obtained and delays are minimized. Where possible, the processes are 'staged' to focus the assessment appropriately and to help ensure that only necessary investigations are undertaken.

3.1 Objectives

The standard intake process employed by CAT DACs is designed to ensure that:

- The claimant has been referred to the appropriate DAC type (i.e., CAT).
- The claimant understands the reason for the DAC assessment and the assessment process.
- All necessary forms are collected.
- All required information is collected for the assessment team.
- Any conflict of interest is disclosed properly to both parties.
- Information is organized to maximize access for the assessment team.
- The appropriate assessment team and assessment process are selected.
- The claimant's special needs are noted, and a plan is in place to accommodate these needs.
- Both the claimant and the insurer have had an opportunity to contribute to the assessment information.
- If video surveillance material has been received from the insurance company, the claimant is advised of the existence of the surveillance video⁹.
- Following file review, should the claimant require a full assessment, an assessment plan is sent to the insurer and claimant.
- Appointment times are scheduled to begin the assessment after insurer and claimant agree to proceed; both parties are advised of any new or additional appointments required as soon as the assessment determines such need.

⁹ See use of surveillance material **DAC General Guideline #1**.

- Appropriate exits from the process are provided i.e.: decision points that allow CAT DAC decisions based on a review of documents only or following any scheduled clinical assessment(s).
- Time invested early in the assessment process enables well-considered decisions about which assessment protocol and team are required to make a determination of the claimant's impairment status.

3.2 Intake Steps

At any stage during the intake process the assessment may be **stopped** if:

- A conflict of interest is declared by the DAC, and the insurer or claimant declines to proceed.
- The claimant clearly meets the criteria for catastrophic impairment status.
- The claimant's health and/or safety would be put at risk.
- The claimant or insurer declines to proceed¹⁰.

Intake Step	Procedure and Explanation	Who
1. Date referral received	Record the date in the DAC Activity Reporting System (this process is to be completed even if the referral is declined). This establishes the point in time when the DAC begins to handle the file. The time lapse between this date and the date when the referral is complete allows for a tracking of the average time spent in completing referral information.	Admin. Co-ordinator
2. Appropriate DAC type	Occasionally referrals are received that are intended for another DAC type (i.e., are not requesting a CAT DAC). Such referrals should be returned to the insurer with an explanation.	Admin. Co-ordinator
3. Nearest DAC	The SABS requires that claimants be assessed at the DAC that is nearest to their home and is <i>authorized to assess their impairment</i> . If the insurer has not selected the nearest DAC, it must be noted on the referral form (OCF - 11-59A) and an explanation provided. If the insurer has indicated that your DAC is not the nearest, and no explanation is provided, the form must be returned to the insurer for completion. The DAC report must note the insurer's reason for not selecting the nearest DAC. If you are not the nearest DAC, please refer to DAC General Guideline #5 for additional clarification on handling this issue.	Admin. Co-ordinator

¹⁰ The application for catastrophic determination may be impacted by this decision.

Intake Step	Procedure and Explanation	Who
4. All forms complete	Forms that must be completed, and appropriately signed, include: • OCF - 14-59 Permission to Disclose Health Information to the Designated Assessment Centre. • OCF - 11-59A & 11-59B Designated Assessment Referral and Summary Report. • OCF - 19-59 Application for Determination of Catastrophic Impairment. Absence of any of these forms may delay or result in termination of the DAC assessment.	Admin. Co-ordinator
5. Initiate conflict of interest screen	Initiate internal conflict of interest screen. If conflict of interest is identified, all necessary steps to resolve the conflict must be taken prior to proceeding with the assessment. If the conflict cannot be resolved, the referral is returned to the insurer.	Admin. Co-ordinator
6. Organize referral material	Ensure the required documentation is included in the file (see CAT DAC Referral Document Checklist - Appendix A). Create a claimant file to facilitate the assessment team's access.	Admin. Co-ordinator
7. Acknowledge receipt of referral	As soon as possible, receipt of the referral is acknowledged by sending a Standard Referral Confirmation Letter (Appendix B) to the claimant and copying it to the insurer. This advises both parties that action has been initiated and provides important information about the purpose and process of the CAT DAC assessment. A list of documents sent to the DAC by the insurance company is included, and the claimant is invited to provide any additional documents he/she believes are necessary for the DAC to review.	Admin. Co-ordinator
8. Claimant special needs	Where claimant special needs (physical accessibility, language, sensory impairments, etc.) are noted in referral information, this should be flagged for the team, and a plan for accommodating these needs made. Further inquiry and confirmation of special needs are made with the claimant, if it is determined that he/she must attend an assessment.	Admin. Co-ordinator

Intake Step	Procedure and Explanation	Who
9. Clinical record review by Clinical Co-ordinator ¹¹	This review: - Identifies any additional material missing from the record and initiates pursuit as appropriate (when extended delays are expected, DACs should notify both parties in writing). Missing material includes information that the DAC would like to have in its assessment, as well as information that the DAC requires before concluding the DAC process. If the DAC cannot obtain the information it would like to have, the DAC assessment can still be completed. If the DAC cannot obtain the information it requires, the DAC report cannot be concluded without it. Therefore, the request for missing material must be given careful consideration. - Identifies any additional conflict of interest and/or special needs. - Determines whether clinical record information is sufficient to establish catastrophic status on file review alone (as described in Intake Step 11) or whether further clinical assessment will be required. - Establishes further file review and/or clinical assessment team.	Clinical Co-ordinator
10. Assessment plan — projected	The Clinical Co-ordinator prepares an assessment plan outlining: - A description of the anticipated assessment process; - A projection of the length of the assessment (including file review; how many appointments the claimant will be required to attend, if any; where these will take place; how long these will take; etc.); - Possible assessment exit points; - A description of the assessment team, including assessors' names and a DAC Assessor Practice Summary for each team member; - A detailed estimate of costs, correlating with each exit point. This plan is sent to both parties. If both parties consent to proceed, the DAC initiates the assessment process.	Clinical Co-ordinator
11. Assemble team and conduct file review	If a file review is deemed sufficient to establish catastrophic status, the appropriate team is assembled, and the file review commences. DACs must note that a decision of 'not catastrophic' cannot be rendered without conducting a clinical assessment of the claimant. If only a file review is to be conducted, skip to Intake Step 15.	Assessors

¹¹ As noted in Human Resources Subsection 2.2, the Clinical Co-ordinator may consult any member(s) of the CAT DAC's team believed to have expertise necessary for appropriate consideration and implementation of Intake Steps 9 through 14.

Intake Step	Procedure and Explanation	Who
12. Arrange claimant assessment	If a clinical assessment(s) is deemed necessary, the claimant is telephoned to arrange appointments that are agreeable to all parties. Some claimants may need special assistance to coordinate and attend any appointments. DACs are expected to accommodate these special needs and ensure that appropriate claimant representatives/family members are included in making these arrangements. Inquiries should be made regarding any additional special needs that may impact on assessment location, times, etc. All appointments and arrangements should be confirmed in writing to the claimant and copied to the insurer.	Admin. Co-ordinator
13. Conduct initial medical/ psychological screen	An appropriate DAC Team member will undertake to: • Take a comprehensive clinical history from the claimant. • Identify the need for additional information. • Complete an appropriately comprehensive general medical examination involving all relevant body regions and mental and psychological impairments to ensure that: 1) The claimant's condition will be reasonably understood for catastrophic assessment. 2) The claimant's health and/or safety will not be at risk while undertaking the full CAT assessment. • Identify any special needs not previously indicated. • Formulate a diagnosis/impairment list.	Assessor(s)
14. Determination made that claimant may proceed with assessment	Any medical/psychological cautions regarding the claimant's ability to participate in the assessment are noted. If the claimant has an unstable medical condition that requires immediate attention and precludes the assessment, the assessment is terminated and appropriate action is taken; e.g., notify family physician.	Assessors
15. Assessment commences	It is recognized that in some cases the range of assessment(s) required may be difficult to accurately predict/determine until the initial screen is complete or the assessment is in progress. DACs should note that their assessment plan is a 'projected' plan that may require additions and/or deletions dictated by claimant need. Any additions/deletions to the plan should be communicated and agreed to by both parties, as soon as such changes become evident.	Clinical Co-ordinator

PART 4 ASSESSMENT PROCESS

4.1 Introduction

Following the intake process, designed to help stream claimants into the correct assessment path, the Assessment Process may begin with a file review for SABS Subsection 2 (1) a) to d) and e) i, to determine catastrophic status.

Other claimants will be more appropriately assessed using the Glasgow Outcome Scale (GOS) protocol [SABS Subsection 2 (1) e) ii]. Assessors involved in these CAT assessments should be familiar with the published scientific literature outlining the use and administration of the GOS.

Many claimants will be assessed to determine if their impairment(s) equals or exceeds 55% Whole Person impairment [SABS Subsection 2 (1) f)]. Others will be assessed using the *AMA's Guides*, mental and behavioural chapter [SABS Subsection 2 (1) g)]. For these assessments, the *AMA's Guides* must be consulted and relied upon.

CAT DACs are reminded that a claimant who is deemed 'not catastrophic at this time' must have undergone a clinical assessment by the CAT DAC.

4.2 SABS Catastrophic Impairment Definition Clauses (a) to (d)

Interpretation of catastrophic impairment definitions a) to d) will not be provided in this guide, as generally accepted interpretation exists. Clinicians should use their own clinical judgment and experience in establishing a claimant's classification into one or more of the a) to d) categories.

In most circumstances pertaining to criteria a) to d) it may be appropriate to conclude catastrophic status on the basis of a file review. In these cases, the clinical documentation clearly indicates that the claimant meets one or more of the a) to d) criteria. In the absence of clear medical documentation, it may be necessary to conduct an examination(s) of the claimant.

4.3 SABS Catastrophic Impairment Definition Subclause (e) (i) - GCS

An appropriately prepared file should enable DACs to capture all cases where the Glasgow Come Scale (GCS) criterion under the catastrophic impairment definition is met. When the clinical file indicates a GCS of 9 or less the CAT DAC should formulate an opinion on the claimant's catastrophic status based on this file review in accordance with the SABS definition¹². When the GCS information on file is in question, the CAT DAC should clearly articulate its considerations in arriving at the conclusion. Use of a

¹² As defined in SABS Part I, Section 2 e) (i).

file review process should be indicated in the final report. When determination of catastrophic status cannot be established on the GCS criterion after completing the file review, the CAT DAC proceeds to the next most appropriate assessment stage.

4.4 SABS Catastrophic Impairment Definition Subclause (e) (ii) - GOS

The Glasgow Outcome Scale (GOS) protocol is selected when the CAT DAC assessment team identifies that the claimant has a brain impairment and more than six months has elapsed from the date of the claimant's accident. If the claimant is not more than six months post accident, the DAC should note this in its report. For example, 'a determination of catastrophic status based on GOS cannot be made at this time because...'

The SABS reference the original GOS article published in *The Lancet* (1975)¹³. Subsequent to this, the authors elaborated on the description of some of the outcome categories in an article published in the *Journal of Neurology, Neurosurgery, and Psychiatry* (1981)¹⁴. This publication provides users with greater descriptive detail for each outcome category (see Appendix C).

4.5 SABS Catastrophic Impairment Definition Clause (f) - 55% Whole Person

The *AMA's Guides* are comprehensive in their analysis of impairment ratings. Many CAT DAC assessments will relate to the musculoskeletal system (Chapter 3 - pages 13 to 138). However, other body systems may be involved, and the DAC should ensure it evaluates the whole person.

It is understood that the multidisciplinary decision-making process will involve a 'score' which will be calculated by one or more assessors, with final opinion provided as a consensus opinion with respect to catastrophic status. The ultimate Whole Person impairment calculation will be made utilizing the Combined Values Chart provided in the *AMA's Guides*.

Where an insured person's condition is not considered stable, and in situations where that assessment is undertaken before three years have elapsed since the accident, the DAC should note this in the report. For example, 'A determination of the claimant's catastrophic status based on 55% Whole Person cannot be made at this time because...' **The DAC should not state that the claimant 'is (or is not) catastrophic at this time.'**

¹³Jennett B., Bond M. Assessment of Outcome after Severe Brain Damage *The Lancet*, March 1, 1975: 480-484.

¹⁴Jennett B., Snoek J., Bond M., and Brooks N. Disability After Severe Head Injury: Observations on the Use of the Glasgow Outcome Scale *Journal of Neurology, Neurosurgery, and Psychiatry* 44 (1981), 285-293.

4.6 SABS Catastrophic Impairment Definition Clause (g) - Mental & Behavioural Disorders

The *AMA's Guides*, in Chapter 14, discuss impairments due to mental disorders and consider behavioural impairments that may accompany a claimant's presentation. The diagnosis of impairment is paramount in the initial stages of analysis. As well as a diagnosis of impairment, the severity of that impairment must be determined.

The *AMA's Guides* suggest that the analysis of severity of mental impairment can be reviewed under four major categories, including:

- limitation of activities of daily living (ADL);
- social functioning;
- concentration, persistence and pace;
- deterioration or decompensation in work or work-like settings.

Unlike the GOS assessment, which directs analysis of functional outcome involving activities of daily living, the mental and behavioural assessment will also include functional analysis involving a Situational (Work) Assessment as specifically directed by the *AMA's Guides*.

With respect to pain disorders, the *AMA's Guides* acknowledge the complexity of assessing impairment related to pain and encourages multidisciplinary assessment in the process, particularly where the pain complaint exceeds what is expected on the basis of medical findings.

Final classification of impairments due to mental and behavioural disorders, will take into consideration the four functional domains of *ADL; social functioning; concentration, persistence and pace; and, work adaptation*, under five levels of severity ranging from no impairment to extreme impairment. The SABS directs that catastrophic impairment is met when an individual reaches marked or extreme impairment (Class IV or Class V impairment) due to mental or behavioural disorder.

When an insured person's condition is not considered stable, and in situations where that assessment is undertaken before three years have elapsed since the accident, the DAC should note this in the report. The DAC should not state that the claimant 'is (or is not) catastrophic at this time.'

4.7 Paediatric Catastrophic Impairment Assessment Process

Assessing level of impairment severity in children using the SABS catastrophic impairment definition presents a challenge. Specific assessment protocols mandated in

the SABS may not always be applicable to a paediatric population, specifically the GCS, GOS and the *AMA's Guides*.

It is the responsibility of each clinician involved in the assessment to use his/her own clinical judgment in planning the assessment and interpreting the assessment outcomes. CAT DACs should conclude that a child meets the definition for catastrophic impairment if, in their opinion, any of the SABS a) to g) criteria are analogous to the impairment sustained by the child. Therefore, the paediatric team must be familiar with the application of each of the criteria to the adult population, so that its assessment methodologies for children are appropriately selected. The final report should articulate the rationale for assessment and analysis processes used.

4.8 Determination of Catastrophic Impairment Status

The final step in determining catastrophic impairment status is the application of the definition of catastrophic impairment to the assessment outcomes. When a team of assessors has participated, this is accomplished through a team consensus-building process, and a joint decision is reached. The team should share assessment outcomes to formulate the discussion, rationale, and conclusion of the final report. Each assessor must sign the final report.

PART 5 CAT DAC REPORTS

The Clinical Co-ordinator is responsible for ensuring the report is complete, reaches a well-supported conclusion and is consistent with both the CAT DAC guide and the SABS. The Clinical Co-ordinator is also responsible for completing the Executive Summary. The report must be sent within two weeks of completing the last assessment.

5.1 Clinical Co-ordinator Reporting Checklist

- Ensure that time-lines are adhered to, and that all assessors have completed their draft report within a week of assessing the claimant.
- Review all draft reports, determine that consensus has been reached, and co-ordinate a conference among all pertinent assessors if necessary.
- Create the Executive Summary of the report.
- Ensure that the individual assessor's reports follow the required format.

5.2 Standard Report Format

Catastrophic DACs **must** use the common report format detailed in the section below. If the DAC deviates from this report format, an explanation must be provided.

5.2.1 Referral Materials

The following documents should be placed on the front of the report:

- OCF-11A
- OCF-11B
- OCF-19.

5.2.2 Cover Sheet

The Standard Report Cover Sheet (refer to Appendix D) follows. This cover sheet is addressed to both parties and details the name(s) and discipline(s) of each assessor(s), and the date(s) of each examination.

5.2.3 Document List

A complete list of documents reviewed forms the next section. This list should include any surveillance material reviewed, and a listing of the additional documents that were requested but not received or reviewed.

5.2.4 Executive Summary

An Executive Summary is the first narrative section of the report. It synthesizes the consensus opinion of all assessors, clearly states the outcome of the assessment and, indicates whether the claimant meets the definition of catastrophic impairment. In addition, to provide a comprehensive opinion, the DAC should briefly comment on the rationale used for assessing and/or not assessing each catastrophic criterion. The Executive Summary must be signed by each assessor involved in the assessment.

If the nearest DAC was not selected, this should be noted in the opening paragraph of the Executive Summary, with an explanation of the reason.

5.2.5 Individual Assessor Reports

Individual reports from the assessors who examined/evaluated the claimant are to follow the Executive Summary. **These reports must not be addressed to either party.** In addition, these reports must not contain any information which may be construed as representing a bias; e.g., 'Thank you for referring this claimant,' or, 'I hope this report is useful to you,' etc.

It is not necessary for these individual reports to begin with statements about the writers' qualifications, as these are contained in the Assessor Practice Summaries included with the Assessment Plan.

These individual reports should follow a consistent format as follows:

1. *Header or Footer*
A header or footer must be included on **every page**, identifying the DAC name and 4-digit identification number. The header or footer must include the name of the claimant and the date of the claimant's motor vehicle accident.
2. *Introduction*
States the purpose of the assessment, reiterates the catastrophic impairment definition and identifies which section of the definition the examiner is considering. Provides a description of the assessment.
3. *Claimant's History and Presenting Complaints*
4. *Assessment Findings*
5. *Accident-Related Impairments*
6. *Discussion and Conclusion*
The assessor's opinion must be substantiated with clear reasons why the assessor has arrived at his/her opinion.
7. *Signature of Assessor*
Each and every assessor must sign his/her individual report.

Appendix A

CAT DAC Referral Document Checklist

To facilitate the referral process and to enable the CAT DAC to commence as quickly as possible, both parties should endeavour to provide the DAC with all necessary and relevant documentation. This list is divided into two categories:

1) Information that the CAT DAC requires in order to begin timely processing of the referral:

- OCF-14
- OCF-11A
- OCF-11B
- OCF-19
- OCF-20
- ambulance call report(s) (air ambulance, as appropriate)
- all hospital records, including initial, trauma and records from all subsequent hospitals attended
- accident/police report.

2) Information that the DAC would like to have to enable a fair, efficient, and comprehensive assessment of the claimant:

- rehabilitation records (for example, occupational therapy notes, clinical treatment notes, etc.)
- insurer examinations/medical-legal examinations, including examinations under Section 24 of the SABS
- clinical notes pertaining to pre-existing conditions, including primary physician and/or specialty consults
- clinical notes pertaining to post-injury treatment, including primary physician and/or specialty consults
- claimant statement
- OCF-1
- OCF-2
- OCF-3
- OCF-12.

To further facilitate the process, consideration should be given to providing:

- the information in chronological order
- clear copies
- single-sided, stapled or clipped copies (unbound).

Appendix B

Standard Referral Confirmation Letter

From the Catastrophic DAC Guide - PART 3 Intake Process (Intake Step 7):

As soon as possible, receipt of the referral is acknowledged by sending a Standard Referral Confirmation Letter (Appendix B) to the claimant and copying it to the insurer. This advises both parties that action has been initiated and provides important information about the purpose and process of the CAT DAC assessment. A list of documents sent to the DAC by the insurance company is included, and the claimant is invited to provide any additional documents he/she believes are necessary for the DAC to review.

The content of this document should be used by the DAC when creating a Standard Referral Confirmation Letter for claimants. Since the specific CAT DAC process to be completed takes some time to determine, this letter is intended to advise claimants that the process has been initiated, and that they will be contacted further once the Assessment Plan and need for assessment(s) are established.

Dear *(claimant's name)*:

Re: Catastrophic Impairment DAC Assessment

CC: *legal representative name, other identified representatives*

As advised by *(insert insurance company name)*, you have been referred for a catastrophic impairment assessment at *(DAC name)*, a Designated Assessment Centre. This letter is intended to provide you with more information about the status of your referral and the assessment process.

What is a Designated Assessment Centre?

“Designated Assessment Centres” (DACs) are independent clinics with many kinds of medical and rehabilitation professionals on staff. These clinics are not run by insurance companies, nor by the government. Like other doctors, nurses, physiotherapists, chiropractors, and other health-care professionals, most DAC staff are regulated by provincial professional colleges. Each DAC must be approved by the Minister’s Committee on the DAC System.

DACs conduct assessments of automobile accident claimants when claimants and their insurance company cannot agree and need an unbiased opinion. This means the assessment must be fair to both you and your insurance company and give an opinion that is based on an appropriate and thorough assessment.

Once we have completed our assessment, a copy of our report will be sent to you, your insurance company and (*practitioner's name*). **If, as a result of the findings of the assessment you have not met the definition for “catastrophic impairment,” you may dispute your entitlement for benefits by applying for mediation with the Financial Services Commission of Ontario (FSCO).** You can get an application form from your insurance company. For further information or assistance, call FSCO at: 416-250-7250, or toll-free at 1-800-668-0128.

What will the assessment involve?

The catastrophic impairment assessment follows the legislation in the Insurance Act of Ontario, which defines a “catastrophic impairment” following an accident. The purpose of the assessment is to consider this definition and offer our opinion about whether or not, as a result of the accident, you meet the definition.

There are several stages in the catastrophic impairment assessment. The first stage is a comprehensive review of your medical file. Your insurance company has provided us with these documents, and you will find a list enclosed with this letter. If you have other information you believe is relevant to our assessment, you should phone us to let us know (our number is at the top of this letter) and arrange for this information to be sent to us as soon as possible. We will send copies of any information you give us to your insurer.

Once we have a complete medical file, we will create an Assessment Plan, outlining how we intend to proceed. You and your insurer will receive a copy of this Assessment Plan in approximately two weeks. The Assessment Plan will also indicate the cost of the assessment. Your insurance company is required by law to pay for the assessment, and you are expected to co-operate with the assessment process.

In this Assessment Plan we will advise you whether we can determine your catastrophic impairment status from the medical documentation on file or whether we need to conduct an examination. If we can conclude that you meet the criteria for catastrophic impairment based on the information in your file, we will do so. This will prevent you from having to undergo unnecessary examinations. If this is not the case, we must examine you. Should our Assessment Plan indicate that we need to conduct examinations, we will telephone you to set up these appointments and send you another letter outlining how you can prepare for the appointment(s).

Along with the Assessment Plan, you will receive an “Assessor Practice Summary” for each professional involved in your assessment. These documents provide a brief overview of the qualifications and experience of the health-care professionals who will be part of the assessment team. If you note that you have been previously examined or treated by one of these individuals, you should call us immediately with this information.

What is expected of me?

The Statutory Accident Benefits Schedule says that you must co-operate with this assessment and make any necessary information available to the assessment team. This means that you should read over this letter carefully to understand the process and call us if you have any questions.

We understand that you may have special needs and require assistance/support to attend the assessment. Should we require you to attend an assessment, we will phone you (or your representative) to arrange the appointment. You should be prepared to identify what type of assistance, if any, you may require in attending the appointment at that time. The necessary costs of any assistance will be covered by your insurer.

If you do not co-operate with the DAC assessment process, **your entitlement to certain benefits may be affected.**

Whom can I contact if I have questions?

If you have questions about the assessment or this letter, please contact: *(DAC should identify a contact person who is able to respond to a range of questions)* at *(DAC phone number)*. If you have questions for your insurance company, the person who referred you to us is *(insurer contact name as per referral form)* and can be contacted at: *(insurer contact phone number)*.

cc: insurance company
claimant representatives

Appendix C

GOS Background Information

The Lancet (1975) article classifies individuals with brain injuries into one of five categories, creating the GOS. According to the SABS, a designation of catastrophic impairment equates to a GOS score of 2 (vegetative) or 3 (severe disability). The *Journal of Neurology, Neurosurgery and Psychiatry* (1981) further elaborates on these definitions. These sections may assist the DAC in concluding whether a claimant meets the GOS catastrophic definition. Should there be any discrepancy in application of the outcome categories, *The Lancet* (1975) article, as quoted in the SABS, will prevail.

Appendix D

Standard Report Cover Sheet

Designated Assessment Centre — CAT DAC Assessment Report

DAC Name _____

Address _____

4-digit ID Code _ _ _ _

DAC Report Date _____

Date of Loss _____

Parties:

Claimant: Mr./Ms. XXX
 Address

Insurer: The ABC Insurance Co.
 Insurer contact person
 Address

Claimant's Practitioner: Name
 Address

Claimant's Representative: (as directed by the claimant)

DAC File #¹⁵ _____ Insurer Claim # _____

DAC Assessors:

Assessor Name	Discipline/Speciality	Date of Assessment

¹⁵ Note: DACs must use a unique identifier for each case.