

# Permanent Impairment Assessment/Reassessment checklist >

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

- This checklist should be completed and attached to the permanent impairment assessment or reassessment report.
- This checklist has been developed to assist in ensuring that all essential steps have been taken.
- **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.
- **Prescribed Guides:** The degree of permanent impairment of the whole person must be assessed in accordance with the *American Medical Association Guides to the Evaluation of Permanent Impairment (4th Edition)* hereafter referred to as the Prescribed Guides.

**Have you included the following criteria in the permanent impairment assessment or reassessment report?**

Tick box	Evidence attached
<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal particulars of the worker <b>eg:</b> full name, address, date of birth, height, weight, physique and demeanour, details of sports, hobbies, recreational activities and habits.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Details of all reports, medical or otherwise, provided for the assessment or reassessment.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Evaluation, Analysis of Findings and Comparison of Analysis with Impairment Criteria as referred to in Chapter 2.4 (Preparing Reports) of the Prescribed Guides.
<input type="checkbox"/> Yes <input type="checkbox"/> No	That the <b><u>American Medical Association Guides to the Evaluation of Permanent Impairment (4th Edition)</u></b> was consistently used for the purpose of obtaining a percentage figure. <b>Please note: Reference to the use of publications <u>other</u> than the Prescribed Guides in the text of the report will render the permanent impairment assessment or reassessment <i>invalid</i>.</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmation that the said assessed impairment is <b>stable</b> and <b>permanent</b> . ( <b>ie. the impairment is considered to be unlikely to change substantially and by more than 3% in the next year with or without medical treatment</b> ).
<input type="checkbox"/> Yes <input type="checkbox"/> No	The percentage level of permanent impairment is expressed as a <b>'whole of person'</b> percentage. <b>Please note: If it is a <u>reassessment</u>, the percentage level of permanent impairment of the whole person has to be agreed to by all <u>three members</u> of the panel. The wording of the report is to reflect that it is a consensus of the <u>three doctors</u> and <u>not the opinion of an individual member</u>.</b>

Tick box	<i>Also have you:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Determined the value of each impairment separately ( <b>if two or more impairments exist</b> ) to achieve a single “whole person” percentage figure using the <b>Combined Values Chart</b> in the Prescribed Guides.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Compiled the report in accordance with <b>Chapter 2</b> of the Prescribed Guides.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Referred to and documented the relevant <b>table/s</b> and <b>chapter/s</b> of the Prescribed Guides used in arriving at your assessment or re-assessment.

**Doctor’s signature:** ..... **Date:** .....  
 (Doctor who prepared the report).

**NT WorkSafe >**

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