

|                                 |   |
|---------------------------------|---|
| <i>Hospital details go here</i> | <b>MRN:</b>   |
|                                 | <b>SURNAME:</b>   |
|                                 | <b>GIVEN NAMES:</b>                                       |
|                                 | <b>D.O.B. / AGE:</b> <b>SEX:</b><br>(Affix Patient Label) |

**Allied Health Diagnosis:**

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|              | <b>Intervention codes</b> | <b>Priority</b> |                | <b>Intervention codes</b> | <b>Priority</b> |
|--------------|---------------------------|-----------------|----------------|---------------------------|-----------------|
| Dietitian:   | _____                     | _____           | Physiotherapy: | _____                     | _____           |
|              | _____                     | _____           |                | _____                     | _____           |
|              | _____                     | _____           |                | _____                     | _____           |
|              | _____                     | _____           |                | _____                     | _____           |
|              | _____                     | _____           |                | _____                     | _____           |
|              | _____                     | _____           |                | _____                     | _____           |
| Social Work: | _____                     | _____           | Occ. Therapy:  | _____                     | _____           |
|              | _____                     | _____           |                | _____                     | _____           |
|              | _____                     | _____           |                | _____                     | _____           |
|              | _____                     | _____           |                | _____                     | _____           |
|              | _____                     | _____           |                | _____                     | _____           |
|              | _____                     | _____           |                | _____                     | _____           |
| Speech:      | _____                     | _____           |                |                           |                 |
|              | _____                     | _____           |                |                           |                 |
|              | _____                     | _____           |                |                           |                 |
|              | _____                     | _____           |                |                           |                 |

## ALLIED HEALTH INTERVENTION CODES

### Dietetics

|          |   |
|----------|---|
| 96026-00 | Nutritional assessment                      |
| 96067-00 | Nutritional/dietary counselling (education) |
| 96066-00 | Preventative nutrition counselling          |
| 96095-00 | Provision of therapeutic diet               |
| 96097-00 | Provision of enteral nutrition              |
| 96098-00 | Provision of parenteral nutrition           |
| 96096-00 | Provision of oral nutrition support         |

### Social Work

|          |                              |
|----------|------------------------------|
| 96032-00 | Psychosocial Assessment      |
| 96090-00 | Mediation                    |
| 96082-00 | Crisis intervention          |
| 96108-00 | Advocacy                     |
| 96085-00 | Bereavement counselling      |
| 96086-00 | Trauma counselling           |
| 96081-00 | Relationships counselling    |
| 96086-00 | Other supportive counselling |
| 96090-00 | Therapy                      |

### Occupational Therapy

|          |  |
|----------|--|
| 96030-00 | OT assessment  |
| 96148-00 | Play/leisure/recreation therapy                                |
| 96030-00 | Situational/occupational/environmental assessment              |
| 96021-00 | Self care/self maintenance occupational therapy                |
| 96112-00 | Skills training in sensory/sensorimotor/sensorineural function |
| 96033-00 | Cognitive integration & components occupational therapy        |

### Physiotherapy

|          |  |
|----------|--|
| 96037-00 | Other Assessment, consultation or evaluation |
| 96138-00 | Breathing exercise                           |
| 96129-00 | Exercise Therapy                             |
| 96162-00 | General therapeutic interventions            |
| 96130-00 | Ambulation & gait training                   |
| 96090-00 | Physiotherapy education                      |
| 96153-00 | Hydrotherapy intervention                    |
| 96139-00 | Cardiac Rehab                                |
| 96129-00 | Electrophysical agents                       |
| 96092-00 | Application of splint                        |
| 96157-00 | Postural drainage                            |

### Speech Pathology

|          |                                |
|----------|--------------------------------|
| 96117-00 | Swallowing function training   |
| 96010-00 | Assessment swallowing function |
| 96011-00 | Physiological assessment voice |