



# WORKPLACE REHABILITATION PROVIDER INITIAL ASSESSMENT REPORT

This template can be used by workplace rehabilitation providers to satisfy standard 3.4 of the *Workplace Rehabilitation Providers Principles and Standards of Practice*.

## DETAILS

Worker name:

Insurer:

Claim number:

Employer:

Date of referral:

Return-to-work goal:

## CURRENT WORK STATUS

Status:

Hours per week:

## MEDICAL STATUS

Current capacity:

Date of latest certificate:

Medical practitioner:

Restrictions:

Date of next review:

Nature of injury:

Treatment plan:

Factors impacting return to work:

Action plan:

**CONSULTANT DETAILS**

Name:

Signature:

Date:

Phone:

Email: