



This template can be used by workplace rehabilitation providers to satisfy standard 2.2 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:

Agreed costs:  Total costs to date:

Progress since last report:

Factors impacting return to work:

Planned actions:

**CONSULTANT DETAILS**

Name:  Signature:

Date:  Phone:

Email: