

Suggested Format for Consultation Report

Accepted Condition: Worker's Name:
Claim Status: Claim Number:
Date of Injury: Job Title:

Date and location of consultation

Name of those who attended the consultation

Purpose of Consultation

(include referral source, purpose, and claim manager (CM) authorization)

Restrictions

(include specific work restrictions, level of physical capacities)

File Review

(include any pertinent history obtained from the file, including previous attempts at modifications, vocational status, etc.)

Subjective Report

(worker's report of discomfort/symptoms and limitations related to job or retraining activities)

Observations

Workstation Description: *(may be worksite or retraining location, help the CM visualize the setting)*
Tasks: *(include job and/or retraining tasks with frequency, force, duration, etc.)*

Assessment

(what tasks are impacted by the existing restrictions?)

Recommendations

When indicated, include:

Any on-site interventions attempted

Any non-purchase recommendations - consider what retraining site or employer is able to provide

Purchase recommendations with a description of how each item is related to the restrictions of the accepted industrial injury

Which items are for retraining and which are for the proposed job

Purchase suggestions for items not related to industrial injury for consideration by the employer

Closing Information

(include the plan for follow-up and any anticipated time frames)

Your Name, Title and Signature

Encl.

cc: