

## 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: