

**Faux COHE Health Service Coordinator Notes (1)**

<b>Patient Name:</b> John Jones	<b>Date of Injury:</b> 11/1/2010	<b>Claim Number:</b> ABxxxxx (as big and as close to the top right corner as possible)
DOB: xx/xx/xxxx	<b>Date of Service:</b> 11/10/2010	Clinic Case #: 220533 (optional)
Employer/Co Name: Happy Town Co. Phone: 360-555-1234		Contact: Joe Smith, supv Fax: 360-555-9876

**Initial Evaluation & Coordination:** Worker injured while moving boxes. Hit elbow on wall causing large bruise and swelling. HSC rec'd employer phone call from supervisor Joe re: IW RTW status. Employer states he rec'd call from provider releasing IW to mod duty. Employer called/left msg for IW to inform light duty was available and would contact him later in the day to assign work. HSC instructed employer to send certified employment offer today. HSC also left msg for CM today re: the above. TC to provider to confirm information received from supervisor and advise of HSC plan.

**Barrier(s):** Employer states IW has not returned previous calls.

**Plan:** HSC will f/ up w/ the employer in 1 wk to determine if the IW (1) rec'd job offer letter and returned to work, and (2) if IW has not reported to work, will contact the CM immediately.

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**Faux COHE Health Service Coordinator Notes (2)**

<b>Patient Name:</b> John Jones	<b>Date of Injury:</b> 11/1/2010	<b>Claim Number:</b> ABxxxxx (as big and as close to the top right corner as possible)
DOB: xx/xx/xxxx	<b>Date of Service:</b> 11/17/2010	Clinic Case #: 220533 (optional)
Employer/Co Name: Happy Town Co. Phone: 360-555-1234		Contact: Joe Smith, supv Fax: 360-555-9876

**HSC Service:** Worker injured while moving boxes. Hit elbow on wall causing large bruise and swelling. Following up with supervisor, Joe re: attempts to reach IW for RTW.

**Barrier(s):** Employer states he made five documented attempts to reach worker with no response.

**Plan:** HSC will contact the CM immediately re: IW non-cooperation.

**Time Spent:** 20 mins

**Faux COHE Health Service Coordinator Notes (3)**

<b>Patient Name:</b> Humpty Dumpty	<b>Date of Injury:</b> 01/10/2011	<b>Claim Number:</b> <b>ABxxxxx</b> (as big and as close to the top right corner as possible)
DOB: xx/xx/xxxx	<b>Date of Service:</b> 01/13/2010	Clinic Case #: 220533 (optional)
Employer/Co Name: Big Eggs Phone: 555-555-1234	Contact: <b>Mr. Horseman, mgr.</b> Fax: 360-555-9876	

**Initial Evaluation & Coordination:** Claim needing HSC intervention per L&I TL list. Per list, has received three weeks of pay. Worker injured while climbing ladder to replace a light bulb. Fell six feet to ground causing knee injury. HSC discussed current APF restrictions with attending provider. Provider states he attempted to reach employer during office visit, but could not nor was their voicemail to leave a message. HSC attempted to reach supv., Mr. Horseman, re: potential accommodation. He was not available, but HSC was able to leave very detailed message. HSC spoke with IW who is eager to RTW but hasn't been able to reach supv either. Secure message sent to CM re: status.

**Barrier(s):** Worker needs accommodation of restrictions in order to RTW. No person-to-person contact able to be made with employer.

**Plan:** HSC will continue to attempt to reach employer. If no progress by 01/16/11 will call CM to determine next course of action.

**Faux COHE Health Service Coordinator Notes (4)**

<b>Patient Name:</b> Humpty Dumpty	<b>Date of Injury:</b> 01/10/2011	<b>Claim Number:</b> <b>ABxxxxx</b> (as big and as close to the top right corner as possible)
DOB: xx/xx/xxxx	<b>Date of Service:</b> 01/15/2010	Clinic Case #: 220533 (optional)
Employer/Co Name: Big Eggs Phone: 555-555-1234	Contact: <b>Mr. Horseman, mgr.</b> Fax: 360-555-9876	

**HSC Service:** HSC spoke with Mr. Horseman re: potential accommodation (was at a field location-no phone service for the last week). He is able to accommodate restrictions and is available to meet with IW to set up work station (worker needs to keep knee elevated and apply ice/heat per APF). Mr. Horseman will contact worker immediately.

**Barrier(s):** Worker needs accommodation to be able to RTW.

**Plan:** No additional HSC service anticipated. If employer experiences difficulty with accommodations, he will notify HSC immediately.

**Time Spent:** 8 mins

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**Faux COHE Health Service Coordinator Notes (5)**

<b>Patient Name:</b> Henny Penny	<b>Date of Injury:</b> 7/5/2011	<b>Claim Number:</b> ABxxxxx (as big and as close to the top right corner as possible)
DOB: xx/xx/xxxx	<b>Date of Service:</b> 7/8/2011	Clinic Case #: 220533 (optional)
Employer/Co Name: Small Town Suppliers Phone: 360-555-1928		Contact: Mother Goose, HR rep Fax: 360-555-3265

**Initial Evaluation & Coordination:** Request received from APP to assist with IW who has prescribed restrictions and may need facilitation with RTW. File review – ROA, APF and med records. IW is a board sander at Small Town Supp. APP dx IW with R wrist tondontitis & ulnar collateral ligament sprain. Per CAC claim is currently undetermined, no TL paid yet. Per APF, IW not released to any work 7/8/11 thru 7/15/11, then mod duty within listed restrictions 7/15/11 to 7/22/11. APP lists home exercise and splint; CM approved referral to Hand Specialist for eval for additional needed medical information. Called HR Rep, Mother Goose to discuss APF and potential options for light duty as of 7/15/11. Ms. Goose requested APF be faxed to secure line. She will review and consider options. She states if they are able to accommodate restrictions they will bring worker back. Called IW to share above info and introduce self as a resource for RTW. IW not available, so left detailed message on voicemail (voicemail clearly identified as IW’s personal cell phone).

**Barrier(s):** IW with restrictions on APF. Claim currently undetermined.

**Plan:** HSC will f/u after eval with hand specialist. Stay in contact with HR rep and IW to facilitate RTW (if allowed after eval).

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**Faux COHE Health Service Coordinator Notes (6)**

<b>Patient Name:</b> John Jones	<b>Date of Injury:</b> 7/5/2011	<b>Claim Number:</b> ABxxxxx (as big and as close to the top right corner as possible)
DOB: xx/xx/xxxx	<b>Date of Service:</b> 7/15/2011	Clinic Case #: 220533 (optional)
Employer/Co Name: Small Town Suppliers Phone: 360-555-1928		Contact: Mother Goose, HR rep Fax: 360-555-3265

**HSC Service:** F/U call to IW. Wrist swelling worse, does not feel able to RTW until seen by hand specialist on 8/2/11. IW has been in contact with HR rep. Ms. Goose. She’s aware of IW status and is trying to come up with a safe option for worker to RTW within restrictions. IW hesitant – fear of re-injury/worsening. HSC discussed healthy benefits of returning to work within restrictions. Worker also states claim still not determined. HSC advised IW to contact CM at 360-555-1111 to discuss.

**Barrier(s):** Claim still undetermined. Waiting for evaluation from hand specialist on 8/2/11. IW with fear of re-injury/worsening.

**Plan:** Will attempt to reach Ms Goose to offer RTW assistance. Review results of hand specialist eval upon completion.

**Time Spent:** 25 mins.

**Sally Smith, Health Service Coordinator (HSC)**  
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