

# TREATING DOCTOR CONTACT CHECKLIST

It is important for the Return to Work Coordinator to initiate and maintain regular communication with the treating doctor. This will help build a collaborative relationship and gather and share important information regarding the injured worker's recovery and return to work (RTW).

The checklist below has been designed to assist with:

- collecting appropriate information
- identifying risks and barriers
- developing specific strategies to achieve RTW.

Doctors are often time poor, so it might be best to schedule an appointment to go through these questions at a time that suits them.

## CHECKLIST ITEMS

### INTRODUCTION

Introduce yourself, your role and reason for your call.

### DIAGNOSIS

What is the current diagnosis?

Are any further investigations (such as x-rays or MRI) required to confirm the diagnosis?

### CAUSATION

If liability is unclear – discuss any concerns you may have regarding liability, such as whether employment was likely to be a substantial contributing factor to the injury.

### TREATMENT

What treatment does the worker require?

What is the goal of this treatment?

How frequently should the worker attend this treatment per week?

How long is it expected that treatment will be required?

If treatment has commenced, is the worker progressing in response to the treatment as expected?  
If not, why not?

Does the worker require any additional support or assistance to access the treatment?

### WORK CAPACITY

Confirm the worker's current capacity for work.

### HOTEL EMPLOYERS MUTUAL

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## **RETURN TO WORK**

Explain the injured workers pre-injury role, what is required of the role (e.g. frequent lifting of up to 10kg from waist to shoulder height).

If available, provide a copy of a job task analysis, showing the functional requirements of the role including images of the role being performed.

Based on the worker's current capacity for work (and job task analysis where available), discuss:

- which aspects of their pre-injury role the worker could currently perform
- any other suitable employment options or accommodations that have been identified
- the plan for upgrading the injured workers capacity to be able to return to their pre-injury role.

What is the return to work goal? e.g., same job, same employer. If not, discuss.

Do you think additional assistance from a rehabilitation provider is required?

## **PROGNOSIS**

What is your prognosis, including estimated timeframe for recovery and return to work?

## **BARRIERS**

Are there any other barriers, concerns or risks that are currently impacting on the injured workers ability to recover and return to work?

## **ACTIONS**

Confirm what further actions are required, who is responsible and when they are to be completed by.