Initial Clinical Report (ICR) Template 1 July 2024

1. Diagnosis
   Provision of a specific diagnosis of the work-related injury

2. History and mechanism as stated by the worker (patient)
   Clearly state what the worker (patient) as the cause and symptom timeline of their injury

3. Comment on whether the mechanism of injury is consistent with your diagnosis
   This is your opinion about the worker's (patient's) relay of events leading to the injury and the correlation with your clinical examination and judgement

4. Relevant medical history/pre-existing conditions
   This is to help WorkCover understand if there are other health issues that may prolong or complicate the worker's (patient's) recovery

5. Current medication
   This helps WorkCover to understand what medication you have prescribed or recommended and will consider payment under the claim

6. Clinical findings on examination (including test or investigations)
   A summary of your clinical examination and the results of any tests or investigations that are relevant to the work-related injury

7. Current treatment and rehabilitation recommendations

    a. Radiology/investigations
       To expedite WorkCover approval/payment of these services and understanding the purpose of the radiology/investigation

    b. Treatment and rehabilitation
       To provide WorkCover with an understanding of the expected treatment, duration of treatment and rehabilitation

8. Work capabilities and return to work
   This information is important to help WorkCover develop a safe and appropriate suitable duties program for the worker as part of their recovery and rehabilitation

    - Unfit for any duties until _____
    - Fit for normal duties
    - Return to work on suitable duties - plan to be prepared.

   Please provide a suitable duties plan for my approval.

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9. Relevant psychosocial factors that may impact on treatment, recovery or return to work
   This information allows WorkCover to offer early intervention support services as required to ensure an optimised recovery journey for workers.

10. Any other information
    This only needs to be completed if there is any other information relevant to the worker and their recovery that you feel WorkCover need to be aware of.

11. Next appointment

Contacts

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