

Level 1 Intervention report

Pre-injury employer service

1. Claim & referral details

Worker name		Worker date of birth	
Claim number		Date of injury	
Claims agent		Case manager	
Employer			
Weekly income maintenance at referral		Entitlement weeks at referral	
Current referral	<input type="checkbox"/> RAW level 1		
	<input type="checkbox"/> RTW level 1		
	<input type="checkbox"/> CRTW level 1		

2. RTW goal review (pre-injury employer)

2.1 Is the current return to work goal appropriate? YES / NO

If no, provide further information:

3. Summary of suitable employment

3.1 Provide specific details of suitable employment identified:

3.2 Where suitable employment has been identified, has this been offered by the pre-injury employer?

YES / NO

Provide further information:

3.3 Where suitable employment has not been identified, what are the reasons for this?

3.4 Provide further information in support of the suitable employment direction

(this may include, but is not limited to medical, vocational, workplace information):

3.5 What is the anticipated timeframe to achieve return to work outcome in suitable employment at pre-injury employer?

4. Remain at work/Return to work arrangements

This section should be completed in reference to the RRTWP (without duplication of information)

Strategy / Action to progress RAW / RTW outcome	Responsible person (e.g. worker, employer, RTW consultant, case manager)	Anticipated completion date

5. RRTWP attached

YES / NO

If no, provide further information:

6. Other considerations

6.1 Other factors that impact achieving the RAW / RTW outcome within timeframe stated in 3.5:

6.2 Other strategies that should be considered to facilitate RAW / RTW outcome:

7. Further services recommended

Are Level 2 Intervention services recommended?

YES / NO

If yes, have you attached a Service Request Form?

YES / NO

8. Provider details

Name	
Title	
Company	
Address	
Phone number	
Email address	
Signature:	
Date:	