*Action Required: To be used by the Rehabilitation and Return to Work Coordinator during the initial interview with an injured or ill employee to ensure major issues are discussed at this time.*

**EMPLOYEE DETAILS**

**[ ]  Name**

**[ ]  Interview Date**

**[ ]  Position Title**

**[ ]  Duties before Injury**

**[ ]  Working Location**

**[ ]  Personal Details Form Completed**

**[ ]  Role of the Rehabilitation and Return to Work Coordinator Discussed**

**[ ]  Rehabilitation Process Outlined (including employee’s rights and responsibilities)**

**INJURY/ILLNESS DETAILS**

**[ ]  Diagnosis**

**[ ]  History of Injury/Illness**

**[ ]  Treatment**

**[ ]  Name of Medical Practitioners**

**[ ]  Prognosis**

**[ ]  Impact of Injury/Illness upon Ability to Work (including limitations/restrictions/barriers)**

**[ ]  Medical Authority Form Completed**

**WorkCover / QSuper / LEAVE**

**[ ]  WorkCover Processes Discussed (if appropriate)**

**[ ]  QSuper Processes Discussed (if appropriate)**

**[ ]  Leave Balances Discussed**

**RETURN TO WORK DETAILS**

**[ ]  Rehabilitation Goal Set**

**[ ]  Return to Work Options Discussed**

**[ ]  Actions to Achieve Rehabilitation Goal Determined**

**[ ]  Rehabilitation Plan Developed**

**[ ]  Return to Work Plan Developed (if appropriate)**

**FINANCIAL DETAILS:**

**Leave funded by:** **[ ]  WorkCover** **[ ]  QSuper** **[ ]  Sick Leave** **[ ]  Other** \_\_\_\_\_\_\_\_\_\_

**ACTIONS ARISING OUT OF INTERVIEW:**

**[ ]  Actions for Employee Following Interview Confirmed**

**[ ]  Actions for Rehabilitation and Return to Work Coordinator Following Interview Confirmed**