*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**