WorkCoverWA

Form 4A

WorkCover WA - PROGRESS certificate of capacity

1. WORKER'S DETAILS

First name	Susan	Last name	Smith
Date of birth	17/11/1964	Claim no.	11C02L34A56I78M
Phone	08 9111 1111	Email	ssmith@email.com
Address	1 Westcoast Drive, Ocean Waves WA		

2. EMPLOYER'S DETAILS

Employer's name	Ocean Waves Public Hospital	Employer's phone	08 9111 9898
Employer's address	1000 Hilltop Road, Ocean Waves WA		

3. MEDICAL ASSESSMENT

Date of this assessment	02/12/2013	Date of injury	21/11/2013
Diagnosis	Acute stress disorder / post traumatic stress disorder?		

4. PROGRESS REPORT

Activities/interventions	Actual outcome *(change in symptoms, function, activity and work participation)*	Still required?*	
Clinical psychologist	Commenced first session. Nil outcome - too early	☑ Yes	☐ No
		☐ Yes	☐ No
		☐ Yes	☐ No
		☐ Yes	☐ No
		☐ Yes	☐ No
		☐ Yes	☐ No

**(If management activities/interventions are still required, please also list them in Section 6 'Injury Management Plan')*

☐ Other factors appear to be impacting recovery and return to work

Comment:

5. WORK CAPACITY

Worker's usual duties: Evaluate and record patient condition, assist medical procedures, bedside nursing, monitor vital signs

Having considered the health benefits of work, I find this worker to have:

☐ **full capacity for work** from ________ ☐ but requires further treatment

☐ **some capacity for work**, from ________ to ________ performing:

☐ pre-injury duties ☐ modified or alternative duties ☐ workplace modifications

☐ pre-injury hours ☐ modified hours of ____ hrs/day ____ days/wk

☑ **no capacity for any work** from 02/12/2013 to 16/12/2013 *(outline clinical reason on next page)*

5. WORK CAPACITY (CONTINUED)

Worker has capacity to:
(Please outline the worker's physical and/or psychosocial capacity – refer to explanatory notes for examples. Where there is no capacity for work, please provide clinical reasoning.)

- [ ] lift up to ___ kg
- [ ] sit up to ___ mins
- [ ] stand up to ___ mins
- [ ] walk up to ___ m
- [ ] work below shoulder height

Still no capacity - condition to stabilise and requires time for treatment to take effect.
Expect planning for gradual work exposure to commence mid to late January 2014.

7. INJURY MANAGEMENT PLAN

Activities/interventions	Purpose/goal *(likely change in symptoms, function, activity and work participation)*
Clinical psychologist	Psychological counselling; exposure therapy and CBT; manage and reduce psychological symptoms; provide input in work exposure and RTW planning when ready.
Workplace rehabilitation	Conduct an initial assessment; liaise with psychologist to plan workplace exposure (now to early Jan)
Case conference	To develop a graduated program with suitable duties (mid January 2014)

- [ ] I support the RTW program established by the employer/insurer/WRP dated ___
- [x] I would like more information about available duties
- [x] I would like to be involved in developing the RTW program
- [x] Please engage a workplace rehabilitation provider *(If you have made a referral, provide name and contact details below)*

Support Workplace Rehabilitation Company, 111 Kind Place, Ocean Waves WA - (08) 9111 1001

Examples of injury management activities/interventions include:

- *further assessment - diagnostic imaging, medical specialist consults, worksite assessment*
- *intervention - physiotherapy, clinical psychology, exercise physiology, prescribed medications, workplace mediation*
- *return to work planning - identify suitable duties, establish return to work program*

8. NEXT REVIEW DATE

- [x] I will review worker again on 16/12/2013 *(if greater than 28 days, please provide clinical reasoning)*

Comments

9. MEDICAL PRACTITIONER'S DETAILS

Name: Dr General Practitioner

AHPRA no. MED: 000111112

Address: 104 Practice Way
Ocean Waves WA

Email: gp@medicalpractice.email.au

Signature: G. Practitioner

Phone: (08) 9999 9911

Date: 02/12/2013

Fax: (08) 9999 9912

(Practice stamp – optional)