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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Clinic Name |  | | Address |  | | Phone number |  | | | **Work Rehabilitation**  **Care Conference** | | | | | |
| Worker Name: | | Date of Injury: | | | | | Claim Number(s): |
| Conference Date: | | Program Type:  WR - Conditioning  WR - Hardening | | | | | |
| Attending/Referring Provider: | | | | Next AP appointment Date:  Unknown | | | |
| Job Goal: | | | | Physical Demand Level of Job Goal: | | | |
| Vocational Provider: | | | | Modified Work Options: : Full-Duty Modified Duty  Not Working  Other | | | |
| Date of WR Evaluation: | Approved # of Weeks: | | Current week #: | | Attendance:   /   Scheduled Visits  # Cancellations:    # No Show: | | |
|  | | | | | | | |
| **Team Discussion** | | | | | | | |
| **Functional Progress Achieved to Date:** *(i.e. positional tolerances, material handling, body mechanics, pacing, and work simulation)* | | | | | | **Functional Goal** | |
| *Example: Occasional lifting floor to waist 10 pounds* | | | | | | *Occasional lifting floor to waist 40 pounds* | |
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| **Identify and outline the plan to meet return to work goals and address any barriers:**  (*What is the focus for the next two weeks and who will address specific tasks*) |
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| **Change in Plan of Care:** |
|  |

Next Care Conference Date:       Time:

Anticipated Discharge Date is Planned for:

**Attendees** OT:       PT:       COTA:       PTA/ATC:

AP:        Phone  In-clinic  Not available VRC:       Phone In-clinic  Not available

L&I Representative:

Conference Start/End Time       to