

## Initial Clinical Report (ICR) template 1 July 2024

1. Diagnosis  
*Provision of a specific diagnosis of the work-related injury*
2. History and mechanism as stated by the worker (patient)  
*Clearly state what the worker (patient) as the cause and symptom timeline of their injury*
3. Comment on whether the mechanism of injury is consistent with your diagnosis  
*This is your opinion about the worker's (patient's) relay of events leading to the injury and the correlation with your clinical examination and judgement*
4. Relevant medical history/pre-existing conditions  
*This is to help WorkCover understand if there are other health issues that may prolong or complicate the worker's (patient's) recovery*
5. Current medication  
*This helps WorkCover to understand what medication you have prescribed or recommended and will consider payment under the claim*
6. Clinical findings on examination (including test or investigations)  
*A summary of your clinical examination and the results of any tests or investigations that are relevant to the work-related injury*
7. Current treatment and rehabilitation recommendations
  - a. Radiology/investigations  
*To expedite WorkCover approval/payment of these services and understanding the purpose of the radiology/investigation*
  - b. Treatment and rehabilitation  
*To provide WorkCover with an understanding of the expected treatment, duration of treatment and rehabilitation*
8. Work capabilities and return to work  
*This information is important to help WorkCover develop a safe and appropriate suitable duties program for the worker as part of their recovery and rehabilitation.*
  - Unfit for any duties until \_\_\_\_\_
  - Fit for normal duties
  - Return to work on suitable duties - plan to be prepared.

Please provide a suitable duties plan for my approval.
9. Relevant psychosocial factors that may impact on treatment, recovery or return to work  
*This information allows WorkCover to offer early intervention support services as required to ensure an optimised recovery journey for workers.*
10. Any other information  
*This only needs to be completed if there is any other information relevant to the worker and their recovery that you feel WorkCover need to be aware of.*
11. Next appointment