



# INJURY MANAGEMENT PROGRESS REPORT & PROPOSED TREATMENT PLAN

JLT 02

1. **Provider's Details:**  Physiotherapy  Occupational Therapy  Psychology  
 Chiropractic  Other – specify \_\_\_\_\_

2. **Worker's Details:** Name \_\_\_\_\_ Claim No. \_\_\_\_\_ Employer \_\_\_\_\_

3. **Treatment Details:** Date of Initial Assessment \_\_\_\_\_ No. of Treatments to Date \_\_\_\_\_

Area(s) Treated \_\_\_\_\_

Initial Findings \_\_\_\_\_

\_\_\_\_\_

Progress \_\_\_\_\_

\_\_\_\_\_

4. **Work Capacity:** Current \_\_\_\_\_

RTW Options (tolerance levels) \_\_\_\_\_

\_\_\_\_\_

5. **Further Treatment:** Number Required \_\_\_\_\_ Consultation Level \_\_\_\_\_ Commencement date \_\_\_/\_\_\_/\_\_\_

Treatment Plan and Frequency \_\_\_\_\_

Treatment Goals \_\_\_\_\_

\_\_\_\_\_

RTW Goals \_\_\_\_\_

\_\_\_\_\_

6. **Provider** \_\_\_\_\_ **Phone** \_\_\_\_\_

(Print or Stamp) \_\_\_\_\_ **Fax** \_\_\_\_\_

\_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

7. **Post / Fax to:** *Jardine Lloyd Thompson PO Box 2321 FORTITUDE VALLEY BC QLD 4006  
Fax 3000 5560 Phone 3000 5530*

8. **Approval Details** Date plan received \_\_\_\_\_ Medical Certificate Expiry Date \_\_\_\_\_

Plan accepted:  **Yes** – as proposed  **No** \_\_\_\_\_

**Services Approved:** \_\_\_\_\_

\_\_\_\_\_

Treating Doctor Contact \_\_\_\_\_

**Signature** \_\_\_\_\_ (Case Manager) **Date** \_\_\_\_\_

LGW use only

**SERVICES REQUIRING PRIOR APPROVAL:** Local Government Workcare **will not pay** for any services requiring prior approval unless provided in accordance with the relevant Q-COMP Table of Costs.