



Australian Government

Comcare

CASE CONFERENCE REQUEST FORM

(For single claim case conference only—for multiple claim case conferences, see *Multiple claim case conference request form*)

1. REQUESTER DETAILS

Requester name

Title RCM WRP Supervisor Other

Agency

Phone number Date of request / /

Is the requesting agency the rehabilitation authority? Yes No

2. INJURED WORKER DETAILS

IW name

IW Comcare claim number (if known)

3. REASON FOR REQUEST

Rehabilitation advice /support	<input type="checkbox"/>	Concerns around liability	<input type="checkbox"/>
Requested by Injured Worker	<input type="checkbox"/>	Conflicting medical evidence	<input type="checkbox"/>
Suitable employment	<input type="checkbox"/>	Other matters	<input type="checkbox"/>

Please provide a detailed explanation of what you would like to cover in the case conference

4. ADDITIONAL INFORMATION

Has a WRP been engaged? Yes No

For what purpose S36 assessment Identify potential suitable/alternate duties
 Identify suitable employment Workplace assessment
 Other

When were the rehabilitation goals last reviewed? / /

Has the agency addressed any previous IMAS recommendations? Yes No

Requester signature Date / /

Please email form to: general.enquiries@comcare.gov.au with cc to: IMAS.Help@comcare.gov.au

CSO USE ONLY

Date discussed with Team Leader or DSA

Discussed with

Case conference to be convened Yes No

Reason for decision

Further actions required

Signed by
Team Leader or DSA

Date

Requester contacted to discuss case conference and arrange details of conference. Yes No
(Record discussion in PRACSYS)

Outcomes of case conference and actions arising noted in PRACSYS

CSO signature

Date