



# RETURN TO WORK CASE CONFERENCE PLAN

Employee name/Claim number

Date/time of case conference

Location

Coordinated by

Attendees

*[Insert name and contact number]*

GP

Rehabilitation Case Manager

Workplace Rehabilitation Provider

Supervisor

Insurer

Other

What we want to achieve in the case conference is:

What we want to discuss during the case conference

Additional Information *(if required)*

*It may be helpful to include relevant information affecting the employee's recovery.*

Attachments (reports relevant to the discussion of case conference)

## Agreed actions

Date

Action

By who

By when

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## Attendees

Name

Signature