Australian Government

Comcare

INDEPENDENT MEDICAL EXAMINATION REPORT TEMPLATE

1. WORKER DETAILS

Name

Claim number /

Employer

Date of birth / /

Date of injury / /

Date and place of examination

Unusual circumstances

Interpreter provided ☐ Yes ☐ No

2. OTHER ATTENDEES

List any other attendees at the examination (including family members, friends)
Attach separate page(s) if insufficient space.

3. SERVICE STANDARDS

Explain to the worker at the commencement of the examination:

- the purpose of the examination ☐
- your role as an IME ☐
- your specialisation and its relevance to the examination ☐
- how the worker will be examined ☐

Did you answer all of the worker's questions? ☐ Yes ☐ No

4. SUMMARY OF REASON FOR REFERRAL

Attach separate page(s) if insufficient space.

5. HISTORY RELEVANT TO INJURY

Attach separate page(s) if insufficient space.

6. SUBSEQUENT WORKER HISTORY

Attach separate page(s) if insufficient space.

7. CURRENT COMPLAINTS/SYMPTOMS

Attach separate page(s) if insufficient space.

8. DETAILS OF DIAGNOSTIC INVESTIGATIONS

- Discussion of findings on any investigations undertaken—short and long term implications of findings on examination.
- Attach any additional evidence provided by the injured worker, e.g. x-rays, MRI, other scans or supplementary radiological reports used to make diagnostic investigations.

Attach separate page(s) if insufficient space.

9. TREATMENT AND MEDICATIONS

Attach separate page(s) if insufficient space.

10. OTHER RELEVANT MEDICAL AND OCCUPATIONAL HISTORY

- Any injury or illness that has developed subsequent to the incident that is compensable, including the cause, nature and progression of the condition.
- Do any pre-existing condition(s) influence the progression of the current injury or vice versa?
- Since the injury, have there been any other factors affecting the current development of the condition?

Attach separate page(s) if insufficient space.

11. PERSONAL AND SOCIAL HISTORY

Attach separate page(s) if insufficient space.

12. LIMITATIONS ON ACTIVITIES

Comment on capabilities pre-injury and resulting from the injuries in line with activities of daily living.

Attach separate page(s) if insufficient space.

13. PAST HISTORY

Attach separate page(s) if insufficient space.

14. DETAILS OF THE EXAMINATION

Clinical examination findings, for example:

- Discussion of clinical findings including details of range of motion to observation and to examination.
- Consistency in findings and inferences made.
- Discussion of any neurological findings on examination including reflexes, wasting, strength, sensory loss/ alteration and comment on the consistency/relevance of these findings with the injury and/or the investigations.
- Mental state examination (psychiatrists) include:
  - modifications of behaviour supporting diagnosis
  - details of all support provided by the family to the injured worker with activities of daily living. Please also include details of all support provided outside the family unit
  - findings of non-compensable factors affecting the evolution of the condition to its current status.
- List of all work-related injuries or illnesses assessed in examination.

Attach separate page(s) if insufficient space.

15. RESPONSES TO SCHEDULE OF QUESTIONS

IMPORTANT: All specific questions must be answered demonstrating clearly how the criteria for the particular rating is addressed having regard to your findings and the investigations.

Where there is potential duplication in a response to a specific question and a mandated template topic, the information or opinion need only be provided once.

Attach separate page(s) if insufficient space.

16. CONCLUSIONS

> Summary of the worker's condition.
> Proposed management or changes to current management of condition.
> Worker's capacity to return to work.
> Functional capacity with evidence supporting recommendations for any restrictions.

Attach separate page(s) if insufficient space.

17. INDEPENDENT MEDICAL EXAMINER'S DETAILS

Your report must be completed and provided to the person requesting it within 14 days of the examination.

Name and address of independent medical examiner (please print):

OR stamp:

Name

Address

Phone ( )

Fax ( )

Qualifications

Specialisation

Provider number

Signature

Date / /

PRIVACY INFORMATION

For information about how we handle personal information, please visit www.comcare.gov.au/privacy or contact us on 1300 366 979 and request a copy of our Privacy Policy.