

# Rehabilitation Management Plan

## Rehabilitation Management Plan Template for XXX

Name	
Date of Injury	
Injury Type	

### Demonstration of Consultation:

(with injured nurses, NUM/ANUM and treating Medical Practitioner and other key stakeholders)

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### Agreed Communication Pathways:

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### Assessment of Injury/Illness:

(outlines any issues that could impact on rehabilitation)

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### Medical and Allied Health Management:

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### Rehabilitation Goals:

(includes RTW)

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# Rehabilitation Management Plan

Outline and Identify Suitable Duties:

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**Detail RTW duties and Hours**

Week Commencing XXX

Week 1

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Week 2

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Week 3

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Week 4

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**Occupational Rehabilitation Services**

(as outlined on p6)

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**Vocational Rehabilitation:**

(includes internal and external vocational rehabilitation, and to be identified early)

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# Rehabilitation Management Plan

## Health and Wellbeing:

XXX feels supported in the workplace and feels able to communicate their health situation as necessary. XXX to let XXX know in the first instance if they are unable to remain at work, if XXX is not available to contact RTW Coordinator. XXX to contact RTW Coordinator where the rehabilitation plan needs to be revised.

## Review:

(including RTW Coordinator workplace visits)

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## Agreement

I have reviewed the proposed Rehabilitation Management Plan and agree with the Program. I have been given the opportunity to gain advice from my union representative. Please sign where indicated and return this page to XXX.

Signed: .....

Date:.....

Signed: .....

Date:.....

Signed: .....

Date:.....

Signed: .....

Date:.....

## Contact Details:

Name	
Telephone & Address	
Manager	
Telephone & Address	
Medical Practitioner/Allied Health Professionals	
Telephone & Address	
RTW Coordinator	
Telephone & Address	
Agent	
Telephone & Address	



# Rehabilitation Management Plan