

Modified Work Note: Not Performed

PREPARE:

Discussion with (name and title).....

If required, date e-mail sent:.....

Is there a modified work offer signed and sent to the claim?

- *(If yes, make note of the date scanned – no further action required).*
- *(If no, continue with below questions)*

Modified work can involve a change in hours, pay, job duties, a new job or training; even for a few hours per day or week. Describe what modified duties that may be available (refer to PDA)*(Document discussion)*

The claimant currently has the following work restrictions*(Document discussion)*

If the person you are speaking with can not confirm if modified is available ask:

- When can I expect a return call from you with regard to available modified work?
(Document date)
- Advise - If I don't receive a response by...*(date within the next 5 days)*... I will call back to confirm.

NEEDS:

What are your worker's best skills? I note from the RWSP they have skills such as....

How else can you make use of these skills? *(Explain and Document)*

FUTURE:

What future opportunities for modified work can you envision as the worker gains function?

Some suggestions I recommend for the future are... *(Outline suggestions and document discussion regarding appropriateness)*

If permanent accommodations are required will you be accommodating? *(document discussion employer)?*

OBSTACLES:

Are you aware of any barriers for them to completing the modified work? (e.g., travel, location of mods, childcare etc). I can address them by....*(Document conversation)*

I will be providing *(insert benefits/services)* to address barriers in their return to modified work.

REFERRALS:

Please know I will be referring them for services including (e.g., , RWSP, , work assessment, letter to surgeon): *(outline services)*

Other:

Details of DOA job duties and demands obtained: *(Outline details)*