Suite 204
460 Pacific Highway
ST LEONARDS 2065
Tel: 02 9929 0133 Fax: 02 99293999

WHSM – WorkCover Employer Satisfaction Survey

Client's name: ______________________________

Claim No: ______________________________

Employer Rep: ______________________________

Insurer: ______________________________

Date of Referral: ______________________________

Date of Closure: ______________________________

Rehabilitation Consultant: ______________________________

As part of *WHSM's* quality assurance and WorkCover accreditation please complete this questionnaire and fax it back to 02 9929 3999.

Initial assessment

WHSM assessed the physical and psychological factors as potential barriers to the return to work process or maintenance at work. Yes ☐ No ☐

Comments: ______________________________

____

Initial assessment and report addressed the Case Manager's concerns highlighted on referral.
Yes ☐ No ☐

Comments: ______________________________

____

Timeliness of advice and paperwork

WHSM promptly submitted progress reports. Yes ☐ No ☐

Comments: ______________________________

____

WHSM promptly submitted RTW plans. Yes ☐ No ☐

Comments: ______________________________

____

RTW schedule was structured and detailed to assist the employee and team leader to know exactly what the employee was medically able to do and any medical restrictions – copies were sent to all parties.

Yes ☐ No ☐

Comments: ______________________________

____

Close working relationship with treating Doctor

The Employer was informed promptly about relevant medical information from treating doctors.

Yes ☐ No ☐

Comments: ______________________________

____

WHSM maintained regular telephone contact and or visits were made to the treating doctor.

Yes ☐ No ☐

Comments: ______________________________

____

Excellent communication with employer, employee and insurer

WHSM made fortnightly or more regular phone calls on progress of the case.

Yes ☐ No ☐

Comments: ______________________________

____

RTW plans were discussed with all parties prior to being finalized for approval.

Yes ☐ No ☐

Comments: ______________________________

____

Satisfaction

Would you be happy to work with WHSM again in the future? Yes ☐ No ☐

Comments: ______________________________

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With thanks,

Work Health Safety Matters