



Nurse practitioner certificate: Guidelines for completion

The certificate is a legal document and must only be completed by a nurse practitioner.

New claim or On-going claim

Complete either *new claim* or *on-going claim* and provide the claim number if available.

Injured worker details

- Complete *attendance date, worker's name, worker's date of birth, worker's contact details* and *employer name*.
- Provide a *diagnosis* rather than symptoms (even if provisional). List all tests that have been ordered to assist making a diagnosis.
- When first seen it is important to document on the certificate when the worker was *first seen at your hospital/practice* as well as the *worker's stated date of injury* and *worker's stated cause of the injury*.
- In your opinion is *the injury/disease consistent with the worker's description*. By ticking uncertain, the insurer will contact you for further information.
- Complete *pre-existing factors* if you consider that your patient has a condition or illness that may be relevant to this claim.

Worker's capacity for work

- When completing a *worker's capacity for work*, indicate whether you believe your patient:
 - is fit to return to their normal duties (specify date) **or**
 - is unable to return to work at all (specify period up to 10 days from date of injury).
- If the worker requires further treatment or development of suitable duties to return to work they must be *referred to a medical practitioner*. Please include the name and location of the medical practitioner the worker is being referred to.

Further information

- *Details of findings/clinical notes* is an optional field. Complete this section if you want to supply further information to the insurer.
- *I would like the workers' compensation insurer to contact me* - by ticking this box, you are indicating to the insurer that you would like to discuss aspects of your patient's medical management. This can be ticked on the initial or on any subsequent certificate.
- *Your preferred method of contact* - indicate when and how you would like to be contacted by the insurer. Tick the appropriate box and complete day(s) and time(s).

Nurse Practitioner details

You must complete this section in every case. The certificate must be signed and dated by you. Your hospital/practice contact details must be visible and legible on all copies of the certificate.

If you have any questions relating to the completion of the certificate please contact Q-COMP on 1300 789 881.