



Impairment Protocol Solicitor Inquiry Form



Worker's Details:

Name:

Address:

Claim Number:

Employer

Solicitor's Details:

Solicitor

Reference No:

Name of
Practitioner:

Name of Firm:

Address:

Telephone
Number

Inquiries Details:

Iconfirm that I act on behalf of
in relation to his/her claim for Impairment Benefits under Victorian workers compensation legislation.

The worker is claiming compensation for Impairment Benefit for injuries sustained
on..... to the following body parts or systems:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.



The worker is currently or has been treated by the following medical practitioners in relation to the above injuries:

- 1. Report Date:.....
- 2. Report Date:.....
- 3. Report Date:.....
- 4. Report Date:.....
- 5. Report Date:.....

The worker instructs me that he/she has suffered a prior or subsequent injury/condition to the following claimed body parts or systems:

- 1. Date of injury:.....
- 2. Date of injury:.....
- 3. Date of injury:.....
- 4. Date of injury:.....
- 5. Date of injury:.....

The worker instructs me that the following medical practitioner(s) treated him/her in relation to the prior or subsequent injuries or condition:

- 1.
- 2.
- 3.
- 4.
- 5.

I have explained the contents of this request (with the request of an interpreter) to the worker and I am satisfied that he/she understands the nature of the answers which have been given.

I have also explained to the worker the conditions attached to the WorkSafe Victoria legal practitioner fee structure, as defined in the *Impairment Protocol* and I am satisfied that he/she understands.

Signature.....Date.....