

A6 Personal considerations

Date (DD / MM / YYYY):

Worker name

Claim number

Planning facilitator

Contact details

People involved in the assessment?

How well do you manage when you feel under pressure or when you are stressed? e.g. How well do you manage when you need to respond to an emergency or call for assistance?

Family comments:

Planning facilitator's comments:

How do you think you are going with adjusting to your different circumstances?

Are you keen to try things in a different way, or try new activities?

Family comments:

Family comments:

Planning facilitator's comments:

Planning facilitator's comments:

How do you react to what is happening around you? Do you think you respond differently to how you did before your injury?

Do you look forward to the next day? Are you keen to try and do some of the things that you like to do?

Family comments:

Family comments:

Planning facilitator's comments:

Planning facilitator's comments: