rehab
MANAGEMENT

PHONE: 1300 762 989
FAX: 1300 762 654
www.rehabmanagement.com.au

REFERRAL FORM

INJURED WORKER

Name: Telephone:

Address:

D.O.B: D.O.I.:

Job Title/Occupation: Nature of injury:

Interpreter Needed: Yes/No Language:

EMPLOYMENT

Employer: Worksite Location:

Address:

Supervisor / RTW Coordinator: Email:

Phone: Fax:

Employment Status: At Work [ ] Off work [ ] Terminated [ ]

AGENT

Insurer: IMA: Case Mgr:

Telephone: Fax: Email:

Address:

Claim Number: Liability Accepted: Yes/No/Don't know

TREATING DOCTOR/OTHER

Name: Telephone:

Address:

Email: Fax:

REFERRAL

[ ] Case Management
[ ] Home Risk Assessment
[ ] Psychological Assessment / Counselling
[ ] ADL Assessment
[ ] NTD / Case Conference / Review
[ ] Job Task Analysis
[ ] Driver Assessment & Training
[ ] Section 40 / Medico-legal Assessment
[ ] Quick Start Assessment (physical/stress injury)
[ ] Early Intervention (physical/stress injury)
[ ] Functional Assessment
[ ] Vocational Assessment
[ ] Employer Liability Assessment
[ ] Earning Capacity Assessment
[ ] Redeployment / Job Seeking
[ ] Stress Assessment
[ ] Ergonomic Assessment
[ ] Pre-employment Functional Screen
[ ] Workplace Assessment
[ ] Other (Specify)

REFERRAL SOURCE

Name: Telephone:

Company: Email:

Date: Signature:

Fax: