



## Referral for Clinical Consulting Services

WORKER DETAILS	
Surname	Phone number (W)
Mr/Mrs/Miss/Ms	(H)
First Name	Date of Birth
Address	Interpreter Required <input type="checkbox"/> Yes <input type="checkbox"/> No
Email	Language
Claim Number	Occupation
No. of weeks in receipt of benefit (S38/40)	Current comparable weekly earnings
EMPLOYER	INSURER
Company	Company
RTW Coordinator	Contact
Supervisor / Manager	Address
Address	
Phone	Phone
Fax	Fax
Email	Email
INJURY DETAILS	
Date of Injury	Insurer Injury Code
Injury	
NOMINATED TREATING DOCTOR	
Name	Phone
Address	Fax
SERVICE(S) REQUIRED (PLEASE TICK)	
<p><u>OCCUPATIONAL REHABILITATION / CTP SERVICES</u></p> <p><input type="checkbox"/> Same Employer Occupational Rehabilitation</p> <p><input type="checkbox"/> Different Employer Occupational Rehabilitation</p> <p><input type="checkbox"/> Early Intervention Assessment</p> <p><input type="checkbox"/> Workplace Assessment</p> <p><input type="checkbox"/> Ergonomic Assessment</p> <p><input type="checkbox"/> Functional Assessment</p> <p><input type="checkbox"/> Home / ADL Assessment</p> <p><input type="checkbox"/> S40 Assessment</p> <p><input type="checkbox"/> Initial Needs Assessment (Comcare)</p> <p><input type="checkbox"/> Medical Case Conference</p>	<p><u>MEDICAL &amp; TREATMENT SERVICES</u></p> <p><input type="checkbox"/> Optimise Physiotherapy Assessment / Program</p> <p><input type="checkbox"/> Optimise Psychology Assessment / Program</p> <p><input type="checkbox"/> Medical Assessment (Sports &amp; Exercise Physician)</p> <p><input type="checkbox"/> Medical Assessment (Surgical)</p> <p><input type="checkbox"/> Independent Medical Assessment / IMC</p> <p><input type="checkbox"/> Pre – Employment Medical / Functional Assessment</p> <p><input type="checkbox"/> Medical Advisory Board Assessment &amp; Report</p> <p><input type="checkbox"/> Tail Claims Rehabilitation</p> <p><input type="checkbox"/> Pre Liability Psychological Assessment</p> <p><input type="checkbox"/> OTHER (please specify).....</p>
COMMENTS	
Referred by	Title
Signature	Date