WorkRehab
WORKING WITH YOU

REFERRAL FOR SERVICES

Referral			
Date of Referral		Claim | Reference Number	

Client Details | Injured Worker					
Full Name					
Address					
				Postcode	
Phone Contact (h)		Phone (w)		Phone (m)	
Email					
Date of Birth		Gender		Date of Injury	
Nature of Injury					

Nominated Treating Doctor			
Nominated Treating Doctor			
Company | Practice			
NTD Address			
		Postcode	
Phone Contact		Facsimile	

Referrer | Billing Details			
Referrer Company Details			
Referrer Contact Name # 1		Title	
Referrer Contact Name # 2			
Address			
		Postcode	
Email		Mobile	
Direct Phone		Facsimile	
Billing Contact Name		Title	
Billing Email		Direct Phone	

Employer Details			
Employer Company Details			
Employer Contact Name # 1		Title	
Employer Contact Name # 2			
Address			
		Postcode	
Email		Mobile	
Direct Phone		Facsimile	

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Reason for Referral		Medical Information attached
Please tick below or specify here eg. WPA + CC		Medical Reports
		Medical Certificate
		Other (please specify)

Hours approved		Timeframe (wks)		INA cost approved	

	Stay at Work | Please send me a Quote		Make it Work
	Task analysis		Complex case management
	Job dictionary		RTW Same Employer
	Manual handling/training		RTW New Employer
	Health and wellbeing programs		Home assessment
	Ergonomic education		Medico-legal assessment
	Resilience training		Fit for Work Assessment
	Workplace Wellness		Integrated Adjustment to Injury & Pain Management Programs

	Return to Work – Same Employer		Return to Work – New Employer
	Initial needs assessment + plan		Transferable skills analysis
	Workplace assessment		Vocational assessment
	Pre-employment functional capacity		Host employment / Work Trial
	Functional capacity evaluation		Vocational counselling
	Case conference		Job seeking
	Transferable skills analysis		Resume and interview preparation
	Vocational counselling		RPL conversion
	Adjustment to injury counselling		Job club
	Host employment		Vocational Programs
	Fit for work assessment		Monitoring

Other Referral Notes