RehabLife

REFERRAL FORM

WHAT SERVICE DO YOU REQUIRE?

The referring party hereby requests Rehab Life to provide the following services:

☐ RTW Services – Same Employer
☐ RTW Services – New Employer
☐ Initial Assessment / Graded RTW Program
☐ Functional Assessment
☐ Workplace Assessment
☐ Ergonomic Assessment
☐ Vocational Assessment
☐ Transferrable Skills Analysis / Labour Market Analysis
☐ Earning Capacity Assessment
☐ Vocational Program
☐ ADL Assessment
☐ Case Management
☐ Job Dictionary / Task Analysis
☐ Pre-Employment Assessment
☐ Other:

WHAT IS YOUR NAME ? (THE REFERRING PARTY)

Medical Centre:

Name:

Phone:

Email / Fax:

Address:

Is this service for you? YES NO

WHO IS THE SERVICE FOR ? (INJURED PERSON)

Client Name:

Claim Number:

Phone:

Email / Fax:

Address:

Date of Birth:

Date of Injury:

Occupation:

Language/s:

Diagnosis/Injury:

PIH / PIAWE:

Liability Accepted? ☐ Yes ☐ No ☐ Unknown

Work Capacity: FT PT Nil

WHO DO THEY WORK FOR? (EMPLOYER)

Company:

Contact Name:

Phone:

Email / Fax:

Address:

WHO IS THEIR DOCTOR?

Medical Centre:

Name:

Phone:

Email / Fax:

Address:

SIGNED:

Name:

Signed:

Date:

Attachments: ☐ Certificates ☐ Medical Reports ☐ Other

Please forward to rehab life via email admin@rehablife.com.au or via fax number 02 9475 4551