RehabLife

Occ Rehab Referral Form

SERVICES REQUIRED

- ☐ RTW SAME EMPLOYER
- ☐ RTW NEW EMPLOYER
- ☐ INITIAL NEEDS ASSESSMENT
- ☐ WORKPLACE ASSESSMENT
- ☐ ERGONOMIC ASSESSMENT
- ☐ FUNCTIONAL ASSESSMENT
- ☐ VOCATIONAL ASSESSMENT
- ☐ JOBSEEKING PROGRAM
- ☐ FACILITATE WORK TRIAL
- ☐ AIDS/EQUIPMENT PRESCRIPTION
- ☐ ADL ASSESSMENT
- ☐ COMPLEX CASE MANAGEMENT
- ☐ TRANSFERRABLE SKILLS ANALYSIS
- ☐ LABOUR MARKET ANALYSIS
- ☐ OTHER:

TICK IF YES:

- ☐ Is worker aware of referral?
- ☐ Is rehab referral approved by "bill-to" contact?
- ☐ Is Certificate of Capacity attached?
- ☐ Are other relevant documents attached?

REFERRAL DETAILS

NAME OF REFERRER: _____ **DATE:** _____

INJURED WORKER NAME: _____

Claim No: _____ DOB: _____

Injury/Dx: _____ DOI: _____

Phone: _____ Email: _____

Address: _____

EMPLOYER CONTACT: _____

Company: _____

Phone: _____ Email: _____

Address: _____

TREATING DOCTOR CONTACT: _____

Company: _____

Phone: _____ Email: _____

Address: _____

BILL TO CONTACT: _____

Company: _____

Phone: _____ Email: _____

SIGNED BY REFERRER: _____

CALL 1300 425 494 OR EMAIL ADMIN@REHABLIFE.COM.AU TO SEEK ASSISTANCE

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