PO Box 8
Eastwood NSW 2122
PH: 0433 160 212
EMAIL: mihui@rehabfocus.com.au
SIRA provider No: 511

REFERRAL FOR INJURY MANAGEMENT SERVICES

CLIENT DETAILS:

Worker's name: _____ Date of Birth: _____ M / F
Claim number: _____ Date of Injury: _____
Type of Injury: _____ Occupation: _____
Phone (Home): _____ Phone (Mob): _____
Address: _____

Date: _____ At work / Off work / Ceased: _____

Interpreter Required: Y / N Language: _____

REASON FOR REFERRAL: *(Please tick)*

Initial assessment	☐	Functional assessment	☐
Workplace assessment	☐	Work Capacity Assessment	☐
Vocational Assessment	☐	Ergonomic Assessment	☐
ADL Assessment	☐	Job seeking Assistance	☐
Case Mgt:	☐	Psychological Functional Assessment	☐
		Other	

NOMINATED TREATING DOCTOR:

Name: _____ Organisation: _____
Phone: _____ Fax: _____
Address: _____ Post Code: _____

EMPLOYER DETAILS:

Name: _____ Company: _____
Phone: _____ Fax: _____
Address: _____ Post Code: _____

INSURER DETAILS:

Name: _____ Company: _____
Phone: _____ Fax: _____
Address: _____ Post Code: _____

Reports / Medical Information Attached: Y / N

Approval is hereby given for Rehab Focus Enterprise to undertake Occupational Rehabilitation services up to the development of a Rehabilitation Plan or as otherwise specified

Signature: _____ **Date:** _____

Name: _____ **Title:** _____

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Please email the completed approval form to Rehab Focus on mihui@rehabfocus.com.au