

Suite 8, Level 6
201 Wickham Terrace
Brisbane 4000

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Referral Date		Reference No:	
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FILE ACTIVITY REFERRAL DOCUMENT
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REFERRER DETAILS

Client Name			
Contact			
Position		Email:	
Tel:		Fax:	

WORKER DETAILS

Full Name:			
DOB:		Department	
Address:			
Home Tel:		Work Tel:	
Mobile:		Email:	

SUMMARY OF INJURY & TREATMENT
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Injury Date		Claim No:	
Injury nature			
Treating GP		Phone No:	
Present Status for work			

ADDITIONAL INFORMATION

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REASON FOR REFERRAL

Occupational Physician consult and report	Job Assistance – consult and report
Psychiatric consult and report	Job Assistance – job placement services
Preparation and monitoring of physical program	Job Assistance – job search training
Health Management – monitoring & management	Preparation and monitoring of host program
Occupational management of return to work	Resume assistance and development
Health Management – psychological	External coordination services
Functional Capacity Evaluation	Worksite Assessment
Vocational Assessment	Other.....

ATTACHED REFERRAL DOCUMENTATION
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Medical certification	Injury Management Plan (if available)
Suitable Duties Plans	Work Site Assessments
Medical Reports	Pre Injury Job Description
Radiology	Training Records
Physiotherapy	Workers Compensation Claim Form