Parramatta
Tel:(02) 9749 7666
Fax: (02) 9897 2488
email: admin@workershealth.com.au
Newcastle
Tel:(02) 4926 2129
Fax: (02) 4929 1960
email: newcadmin@workershealth.com.au

WORKERS HEALTH CENTRE
People I Recovery I Work

REHABILITATION REFERRAL FORM

CLIENT DETAILS				INJURY DETAILS			
Title:	Mrs			**Date of Injury:**			
Surname:				**Cause of Injury:**			
First Name(s):				**Type of Injury(s):**			
Date of Birth:		**Age:**		UNION			
Address Line 1:				**Union:**			
Address Line 2:				**Contact Name:**			
Suburb:		**Postcode:**		**Phone:**		**Fax:**	
Home Phone:		**Mobile:**		**Mobile:**			
Interpreter Required:	Yes/No	**If yes language?**		**Email:**			
Occupation:				NOMINATED TREATING DOCTOR / SPECIALIST			
Email:				**Doctor's Name:**			
EMPLOYER DETAILS				**Address Line 1:**			
Company Name:				**Address Line 2:**			
Contact Name:				**Suburb:**		**Postcode:**	
Address Line 1:				**Phone:**		**Fax:**	
Address Line 2:				**Mobile:**			
Suburb:		**Postcode:**		**Email:**			
Phone		**Fax:**		INSURER DETAILS			
Mobile:				**Insurer:**			
Email:				**Claim No:**			
REASON FOR REFERRAL				**Case Manager:**			
_____				**Address Line 1:**			
_____				**Address Line 2:**			
I, _____ *(print name)*				**Suburb:**		**Postcode:**	
wish to nominate the Workers Health Centre as my nominated rehabilitation provider to provide ongoing case management / return to work services: I provide informed consent for WHC to liaise with the agent, NTD, employer & WIRO.				**Phone:**		**Fax:**	
				Mobile:			
Signature:				**Case Manager email:**			

How did you hear about us? Please provide a name

Referred by the union ☐		Referred by my doctor ☐	
Referred by insurer ☐		Suggested by a colleague ☐	
Referred by my employer ☐		Researched you on my own ☐	

INSURER USE ONLY: Approval for Injury Management Services

Workers Health Centre requests approval for the following services:

Liability accepted: Yes ☐ No ☐ Same Employer Services ☐
Different Employer Services ☐ Single Rehabilitation Service/s ☐ Details:

Approval is hereby given for the above marked occupational rehabilitation services and a copy of the current Injury Management Plan (IMP) for this Injured Worker will be forwarded.

Signature: Employer / Insurer: Date:

Please complete and return via fax to 02 9897 2488 *or* email admin@workershealth.com.au
Alternatively post *or* drop off to Ground Floor, Suite 1, 20 - 24 Wentworth Street Parramatta NSW 2150

Parramatta Provider No: 619; Newcastle Provider No: 618