

# Referral Form

## CLIENT

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_

## CLIENT INJURY

Injury: \_\_\_\_\_  
 Date of Injury: \_\_\_\_\_ Claim Number: \_\_\_\_\_  
 At work:  Yes  No Occupation: \_\_\_\_\_  
 Pre-injury Wage: \_\_\_\_\_ Pre-injury Hours: \_\_\_\_\_

## EMPLOYER

Rehab Coordinator: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Company: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_

## MEDICAL PRACTITIONER

Medical Practitioner: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Surgery: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Medical Reports / Certificates Attached:  Yes  No

## AGENT / PARTY RESPONSIBLE FOR THE PAYMENT OF ACCOUNTS

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Company: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Liability Accepted:  Yes  No

## APPROVAL IS HEREBY GIVEN TO REHABCO TO UNDERTAKE THE FOLLOWING SERVICES

Services	Comments
<input type="checkbox"/> Workplace Rehabilitation services up to the development of a return to work plan	
<input type="checkbox"/> Initial Assessment Only (not for NSW W/C)	
<input type="checkbox"/> Workplace Assessment	
<input type="checkbox"/> Functional Assessment	
<input type="checkbox"/> Vocational Assessment	
<input type="checkbox"/> Capacity to Earn (S 40 or 104 week Ax)	
<input type="checkbox"/> Ergonomic Assessment	
<input type="checkbox"/> Pre-employment Functional Screening	
<input type="checkbox"/> Counselling Services	
<input type="checkbox"/> Post Trauma Counselling	
<input type="checkbox"/> OHS Services	
<input type="checkbox"/> Employer Education Session	
<input type="checkbox"/> Medico Legal	
<input type="checkbox"/> Other:	

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- ALBURY**  
 PO Box 3201  
 432 Swift Street  
 ALBURY NSW 2640  
 Ph 02 6021 1744  
 Fax 02 6021 1944  
 albury@rehabco.com.au
- CANBERRA**  
 PO Box 4344  
 KINGSTON ACT 2604  
 26 Maryborough Street  
 FYSHWICK ACT 2609  
 Ph 02 6126 2000  
 Fax 02 6126 2020  
 canberra@rehabco.com.au
- GRIFFITH**  
 PO Box 739  
 Shop 8, 6-16 Sanders St  
 GRIFFITH NSW 2680  
 Ph 02 6964 9811  
 Fax 02 6964 9749  
 griffith@rehabco.com.au
- NOWRA**  
 PO Box 3014  
 22 McMahons Rd  
 NORTH NOWRA  
 NSW 2541  
 Ph 02 4421 4622  
 Fax 02 4421 4922  
 nowra@rehabco.com.au
- SYDNEY**  
 PO Box 25  
 Level 4/376 Bay Street  
 BRIGHTON-LE-SANDS  
 NSW, 2616  
 Ph 02 9503 9500  
 Fax 02 9503 9599  
 sydney@rehabco.com.au
- WAGGA WAGGA**  
 PO Box 5253  
 50 Peter Street  
 WAGGA WAGGA NSW 2650  
 Ph 02 6921 6677  
 Fax. 02 6921 6575  
 wagga@rehabco.com.au
- WOLLONGONG**  
 PO Box 193  
 104 Church Street  
 WOLLONGONG  
 NSW 2500  
 Ph 02 4226 1373  
 Fax 02 4226 4334  
 wollongong@rehabco.com.au
- CENTRAL CONTACT**  
 Ph 1300 575 652  
 Fax 1300 435 352  
 referral@rehabco.com.au