** Email: admin@specialisedhealth.com.au Fax: (02) 8457 7346**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Injured Worker/Client** | | | | | | | | |
| **Name** |  | | | | **Phone** |  | | |
| **Address** |  | | | | **Mobile** |  | | |
|  |  | | | |  |  | | |
| **DOB** |  | | | | **DOI** |  | | |
| **Interpreter** | Yes | | No | | **Language** |  | | |
| **Employer (if relevant)** | | | | | | | | |
| **Position** |  | | | | **Contact** |  | | |
| **Company** |  | | | | **Phone** |  | | |
| **Address** |  | | | | **Mobile** |  | | |
|  |  | | | | **Email** |  | | |
| **Nominated Treating Doctor/GP** | | | | | | | | |
| **Name** |  | | | | **Phone** |  | | |
| **Address** |  | | | | **Fax** |  | | |
|  |  | | | | **Email** |  | | |
| **Insurer** | | | | | | | | |
| **Contact** |  | | | | **Contact** |  | | |
| **Company** |  | | | | **Phone (P)** |  | | |
| **Address** |  | | | | **Fax** |  | | |
|  |  | | | | **Claim #** |  | | |
| **Details** | | | | | | | | |
| **Diagnosis** | | |  | | | | | |
| **Current RTW Status if applicable (circle/bold)** | | | UNFIT | SD/PH | | | SD/FH | PID |
| **Employment Status (circle/bold)** | | | Employed | | | | Unemployed | |
| **Reason for referral** | | |  | | | | | |
| **Services** | | | | | | | | |
| **Type** | Initial Assessment for functional conditioning program | | | | | | | |
| **Location (circle/BOLD)** | | | Home Workplace Gymnasium Hydro Pool | | | | | |
| **Approval** | | | | | | | | |
| Insurance/Referrer approval is granted for Specialised Health to undertake the above indicated services. | | | | | | | | |
| **Signed** |  | | | | **Name** |  | | |
| **Date** |  | | | | **Position** |  | | |
| **Phone** |  | | | | **Email** |  | | |
| **How did you hear about us?** | |  | | | | | | |