** 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?** |  |