

REFERRAL FORM

(Or you can refer via our web site)



Active Occupational
Health Services
together... we achieve

Submitted by:

NAME:		DATE:	
COMPANY:		PHONE:	

WORKER'S NAME	Mr / Ms / Mrs
Address:	
Phone Number:	
Date of Birth:	
Date of Injury:	
Type of Injury:	
Occupation	
<input type="checkbox"/> Fit for suitable duties <input type="checkbox"/> Unfit	
<input type="checkbox"/> At work, if YES, hours per day:	
<input type="checkbox"/> Off work (Ceased - / /)	
Interpreter required: <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes,	
CLAIM NUMBER	
EMPLOYER	
Address:	
Phone Number:	
Fax Number:	
Contact:	
Email:	
INSURER	
Address:	
Phone Number:	
Fax Number:	
Contact:	
Email:	
Claim State:	
DOCTOR	
Address:	
Phone Number:	
Fax Number:	
BROKER	
Address:	
Phone Number:	
COMMENTS	

WORKPLACE REHABILITATION SERVICES
<input type="checkbox"/> Formulation of RTW Plan
<input type="checkbox"/> Initial Needs Assessment
<input type="checkbox"/> Workplace Assessment
<input type="checkbox"/> Vocational Assessment
<input type="checkbox"/> Functional Capacity Assessment
<input type="checkbox"/> Section 40 Assessment
<input type="checkbox"/> Activities of Daily Living Assessment
<input type="checkbox"/> Psychological Assessment
<input type="checkbox"/> Critical Incident Debriefing
<input type="checkbox"/> Conflict Resolution/ Mediation
<input type="checkbox"/> Work Activation Program
<input type="checkbox"/> Resume Preparation
<input type="checkbox"/> Job Search Training / Assistance
<input type="checkbox"/> Career Management / Outplacement
<input type="checkbox"/> Driving Assessment
WORK HEALTH & SAFETY SERVICES
<input type="checkbox"/> Outsourced RTW Co-ordinator
<input type="checkbox"/> Ergonomic Assessments
<input type="checkbox"/> WHS Safety Management System
<input type="checkbox"/> Safe Work Practices
<input type="checkbox"/> WHS Site Gap Analysis
<input type="checkbox"/> Injury Management Policies & Procedures
<input type="checkbox"/> Noise Survey & Hearing Conservation
<input type="checkbox"/> Stress Audit
<input type="checkbox"/> Employee Assistance Program
TRAINING SERVICES
<input type="checkbox"/> WorkCover WHS Consultation Committee
<input type="checkbox"/> WorkCover RTW Coordinator
<input type="checkbox"/> WorkCover Advanced RTW Coordinator
<input type="checkbox"/> WorkCover Construction Induction
<input type="checkbox"/> Work Health & Safety for Officers
<input type="checkbox"/> Manual Handling
<input type="checkbox"/> WHS Employee Induction
<input type="checkbox"/> Accident Investigation
<input type="checkbox"/> Hazardous Substances
<input type="checkbox"/> Confined Spaces
<input type="checkbox"/> First Aid
<input type="checkbox"/> Managing Occupational Stress
<input type="checkbox"/> Health Promotion/ Wellness at Work

SERVICING SYDNEY, NEWCASTLE, WOLLONGONG & SURROUNDS