

## Referrer Details

Company Representative Full Name

Your Role

Your Team

Company Name

Phone

Email

Type of Service Required

Notes

## Worker Details

Full Name

Address

City

Postal Code

Phone

Email

## CONTACT US

Date of Injury

Claim Number

Details of Injury

Current Work Capacity Status

- Has a current work capacity       No current work capacity

RTW Goal

- RTW Same Employer       RTW New Employer

Pre-Injury Hours

Pre-Injury Occupation

Current Certificate of Capacity Details

Interpreter Required

- Yes       No

Language

## Agent/Insurer Details

Are the Agent/Insurer details the same as the Referrer details?  Yes       No

Agent/Insurer Full Name

Company Name

## CONTACT US

Address

City

Postal Code

Phone

Email

Team Number

Region

Sydney

Parramatta

Newcastle

Wollongong

Tamworth

Central Coast

## Employer Details

Are the Employer details the same as the Referrer details?  Yes  No

Contact Full Name

Contact's Position

Company Name

Address

City

Postal Code

## CONTACT US

Phone

Email

Notes

## Nominated Treating Doctor (NTD) Details

NTD Full Name

Address

City

Postal Code

Phone

Fax

Email

## CONTACT US