

PHONE: 1300 391 947

PROVIDER NAME: AusRehab **WEB:** www.ausrehab.com

EMAIL: office@ausrehab.com

PROVIDER NUMBER: 951

ADDRESS: Suite 226/100 Collins St, Alexandria NSW 2015

Please complete the referral form below. Once completed, email the form and any supporting documents to office@ausrehab.com. If you need assistance, please call us on **1300 391 947**.

What service can we assist you with?

- | | |
|---|---|
| <input type="radio"/> Initial needs assessment | <input type="radio"/> Vocational assessment |
| <input type="radio"/> Worksite assessment | <input type="radio"/> Functional capacity evaluation |
| <input type="radio"/> Activities of daily living assessment | <input type="radio"/> Psychological functional assessment |
| <input type="radio"/> Case management – same employer | <input type="radio"/> Ergonomic workstation assessment |
| <input type="radio"/> Case management – new employer | <input type="radio"/> Vehicle ergonomic assessment |
| <input type="radio"/> Occupational therapy driving assessment | <input type="radio"/> Other <input type="text"/> |

Worker Details

Title <input type="text"/>	Name <input type="text"/>	Claim No. <input type="text"/>
Contact Number <input type="text"/>	Email <input type="text"/>	
DOB <input type="text"/>	Date of Injury <input type="text"/>	Occupation <input type="text"/>
Nature of Injury <input type="text"/>		
Additional Information <input type="text"/>		

Insurer Details

☐ Tick if Referrer

Company Name	<input type="text"/>
Contact Name	<input type="text"/>
Contact Number	<input type="text"/>
Email	<input type="text"/>
Claim Number	<input type="text"/>

Employer Details

☐ Tick if Referrer

Company Name	<input type="text"/>
Contact Name	<input type="text"/>
Contact Number	<input type="text"/>
Email	<input type="text"/>

Treating Practitioner Details

☐ Tick if Referrer

Title <input type="text"/>	Name <input type="text"/>	Provider No. <input type="text"/>
Clinic Name <input type="text"/>	Practitioner Type (e.g. GP, Physio) <input type="text"/>	
Contact Number <input type="text"/>	Email <input type="text"/>	

Signature

Date