20 Noorebar St
PO Box 1575
GRIFFITH NSW 2680
ABN: 81 101 003 392

Phone: 02 6964 8995
Fax: 02 6964 9977
Email: admin@advancedrehab.com.au

Advanced Rehabilitation Management Service P/L

Provider No: 413

REFERRAL FOR OCCUPATIONAL REHABILITATION SERVICES

Provider Name: Advanced Rehabilitation Management Service

Phone: (02) 6964 8995 Fax: (02) 6964 9977 admin@advancedrehab.com.au

WORKER / CLIENT DETAILS

Surname: ______________________ Given Name: ______________________

Address: ______________________ Ph 1: ______________________

Ph 2: ______________________

Type of injury: ______________________ Date of Injury: ______________________

Occupation: ______________________ Date of Birth: ______________________

Claim No: Liability Accepted ○ Yes ○ No ○ Disputed

Comments: ____

INSURERS DETAILS (IF APPLICATION)

Company: ______________________

Case Manager: ______________________

Address: ______________________

Ph: Fax:

EMPLOYERS DETAILS:

Employer's Name: ______________________

Rehab Coordinator ______________________

Address: ______________________

Ph: Fax:

Treating Doctor: ____

Previous Rehabilitation: ○ Yes ○ No If yes Cost of Rehabilitation to date: __________________

Reports Attached: ○ Yes ○ No

Approval is hereby given for you to undertake Occupational Rehabilitation Services up to the development of a rehabilitation plan:

Signature:		**Date:**	
Name:		**Position:**	
	(Employer / Insurer)		

Please return to ARMS via fax on (02) 6964 9977 or email at admin@advancedrehab.com.au