

**REFERRAL FOR INJURY MANAGEMENT SERVICES**

**Provider Name:** Axis Injury Management      **Email to:** [admin@axisinjury.com.au](mailto:admin@axisinjury.com.au)      **Fax to:** (02) 4920 7080

**Worker:** ..... **Claim No:** ..... **D.O.B:** .....  
**Phone:** ..... **Email:** .....  
**Address:** ..... **Postcode:** .....  
**Type of Injury:** ..... **Date of Injury:** .....  
**Occupation:** ..... **Work Location:** .....

**Employer:** ..... **Phone:** ..... **Fax:** .....  
**Return to Work Coordinator:** .....  
**Address:** ..... **Postcode:** .....  
**Email:** .....

**Insurer:** ..... **Phone:** ..... **Fax:** .....  
**Contact:** ..... **Claims Contact:** .....  
**Address:** ..... **Postcode:** .....  
**Email:** .....

**Doctor:** ..... **Phone:** ..... **Fax:** .....  
**Address:** ..... **Postcode:** .....

**Treating Specialist:** ..... **Phone:** ..... **Fax:** .....  
**Address:** ..... **Postcode:** .....

At Work                       Off Work                      (Ceased \_\_\_/\_\_\_/\_\_\_)  
**Interpreter Required**                       Yes                       No                      **Language:** .....

- |   |   |
|---|---|
| <input type="checkbox"/> Initial rehabilitation assessment  | <input type="checkbox"/> Workplace assessment                   |
| <input type="checkbox"/> Functional capacity assessment     | <input type="checkbox"/> Psychological assessment / counselling |
| <input type="checkbox"/> Vocational assessment              | <input type="checkbox"/> Medico-legal / Section 40 assessment   |
| <input type="checkbox"/> Ergonomic / workstation assessment | <input type="checkbox"/> Other .....                            |

**Comments:** .....  
 .....  
 .....  
 .....

**Liability Accepted**                       Yes                       No                       Don't Know  
**Comments:** .....  
 .....

Approval is hereby given to undertake occupational rehabilitation services up to the development of a rehabilitation plan or as otherwise specified.

**Signature** ..... **Date** .....  
**Name** ..... **Title:** .....