**REFERRAL** FORM

|  |
| --- |
| Section 1: Claimant Details |

|  |  |
| --- | --- |
| **Claim Name** | Click or tap here to enter text. |
|  |  |  |  |
| **Claim Number** | Click or tap here to enter text. | **Date of Injury** | Click or tap to enter a date. |
|  |  |  |  |
| **Email** | Click or tap here to enter text. | **Phone Number** | Click or tap here to enter text. |
|  |  |  |  |
| **Gender** | Click or tap here to enter text.  | **Date of Birth**  | Click or tap to enter a date. |
|  |  |  |  |
| **Street Address** | Click or tap here to enter text. |
|  |  |  |  |
| **Suburb** | Click or tap here to enter text.  | **Postcode** | P/code | **State** | Choose an item. |
|  |  |  |  |
| **Injury Diagnosis** | Click or tap here to enter text. | **Injury Type** | Choose an item. |
|  |  |  |  |
| **Previous Employer** | Click or tap here to enter text. | **Previous Role** | Click or tap here to enter text.  |
|  |  |  |  |
| **Hours Certified to Work****At time of referral** | Click or tap here to enter text. | **Work Status Code** **At time of referral** | Choose an item. |
|  |  |  |  |
| **Pre-Injury Hours**  | Click or tap here to enter text. | **RTW Goal**  | Choose an item. |

|  |
| --- |
| Section 2: Claim Contacts |

|  |  |
| --- | --- |
| **Claim Manager Name** | Click or tap here to enter text. |
|  |  |  |  |
| **Email** | Click or tap here to enter text. | **Phone Number** | Click or tap here to enter text. |
|  |  |  |  |
|  |  |  |  |
| **IMA/IMS/Tech Specialist Name** | Click or tap here to enter text. |
|  |  |  |  |
| **Email** | Click or tap here to enter text. | **Phone Number** |  |

|  |
| --- |
| Section 3: Program Selection  |
|  |
| **Change Room Program Type** | Choose an item. |  **Support Person Approved**  | Choose an item. |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Pre-Approval for transport**  | Choose an item. | **Pre-Approval for accommodation**  | Choose an item. |

|  |  |
| --- | --- |
| *Note: Travel arrangements to be made by the Insurer Representative* |  |

|  |
| --- |
| Section 4: Referral Notes |

|  |
| --- |
| Click or tap here to enter text.  |

|  |  |
| --- | --- |
| **Date of Referral**  | Click or tap to enter a date. |

**This referral will be valid for 6mths from receipt, if the referral is outside the 6mth validity pre-approval will be sought.**

 **Thank you for the referral, please email completed form to** **hello@thechangeroom.info**