ONTRAC™
SPECIALISED HEALTH MANAGEMENT

WORKCOVER, CTP & COMCARE INJURY REHABILITATION REFERRAL

EXERCISE PHYSIOLOGY SERVICES REQUIRED:

Scheme: ○ WorkCover ○ MAA/CTP ◉ Comcare

- ☐ Exercise Physiology Management Plan
- ☐ Exercise Rehabilitation
- ☐ Work Conditioning Program
- ☐ Gym Based Rehabilitation
- ☐ Strengthening Program
- ☐ Hydrotherapy
- ☐ Pain Management
- ☐ Worksite Assessment
- ☐ Functional Capacity Assessment
- ☐ Other Service

INSURED WORKER DETAILS:

○ Male ◉ Female

First Name: Surname:

Address: State: Postcode:

Date of Birth: / / Phone (h): Phone (w): Phone (m):

Claim No.: Date of Injury: / /

Diagnosis:

Is English the preferred language (Please nominate) ◉ Yes ○ No If No, please specify:

SCHEME AGENT/INSURER DETAILS:

Insurer: Case Manager:

Phone: Facsimile: Email:

Liability Accepted (Please Nominate) ○ Yes ○ No ◉ To be confirmed

TREATING DOCTOR DETAILS:

Doctor Name: Practice:

Address: State: Postcode:

Phone: Facsimile: Email:

Preferred Contact Method (Please nominate) ○ Email ◉ Facsimilie ○ Post ○ Phone

REHABILITATION CONSULTANT DETAILS:

Contact Name: Company:

Phone: Facsimile: Email:

EMPLOYER DETAILS (If applicable):

Company: Contact Name:

Phone: Facsimile: Email:

REFERRED BY:

○ Doctor ○ Agent/Insurer ○ Consultant ○ Employer ◉ Worker Name:

Attachments (please nominate) ◉ No ○ Yes ☐ Claim Forms ☐ Medical Certificate ☐ Report/s ☐ Other

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ADDITIONAL INFOMATION:

Reason for Referral: (Please Specify)

Current Medical Certificate: (Please Specify)

Current Employment Status: (Please Specify)

Work Status: (Please Specify) ○ Normal Duties ◉ Suitable Duties ○ Ceased Work Date Ceased:

If working, please specify duration: (Days and Hours)

Goal/s of rehabilitation: (Please Specify)

Other Relevant Information: (If Applicable)

HOW TO SUBMIT THIS REFERRAL:

1) Please complete this referral form by entering all the required details.
2) Once complete, please click the SUBMIT BY EMAIL button to the right or alternatively fax to 02 8282 6380.
3) This referral form will then be attached to an open email ready to be sent - Please attach all relevant supporting documents to the open email (i.e. Claim Form, Medical Certificate, Reports).

SUBMIT BY EMAIL