

<b>REQUEST FOR SERVICES</b>
-----------------------------

<b>Worker Details:</b>	
Name:	Claim No:
Address:	Postcode:
Phone:	
D.O.B:	Date of Injury:
Incident Details:	

<b>Employer Details:</b>	
Employer Name:	Phone:
	Fax:
Workplace Address:	Post Code:
Supervisor's Name:	Phone:
Pre-Injury Occupation:	
Employment Status:	
Pre-Injury Hours:	

<b>Treating Health Practitioner Details:</b>	
Name:	
Address:	Postcode:
Phone:	Fax:

<b>Request Services and Funding Approval:</b>	
Reason for referral: <input type="checkbox"/> Initial Interview	<input type="checkbox"/> Worksite Assessment
<input type="checkbox"/> Workstation Assessment	<input type="checkbox"/> Functional Capacity Evaluation
<input type="checkbox"/> Vocational Assessment	<input type="checkbox"/> Job Seeking Specialists

Service/Activity:	Hours	Cost (\$)
<b>Total Cost Approved (Inc. GST)</b>		

<b>Additional Information in Support of Referral:</b>

<b>Employer/Insurer Approval:</b>		
Liability is accepted and approval is granted for the services outlined above to commence.		
Name:	Signature:	Date:
Contact:		

**Please fax approval to: 9399 3411**