

REQUEST FOR OCCUPATIONAL REHABILITATION SERVICES



Attention:

Date:

OR PROVIDER DETAILS:

Office Location: (Please select & refer to page 2 for contact details) Brighton Ivanhoe Geelong

EMPLOYER DETAILS:

Name:

Address:

Telephone / Fax:

Email:

RTW Co-ordinator:

WORKER DETAILS:

Name:

Claim Number:

Address:

Pre-injury Occupation:

Postcode:

DOB:

Telephone:

Current Diagnosis:

DOI:

Interpreter: Yes No

Language:

Worker Employment Status: At work – same pre-injury hours

At work – less pre-injury hours

Not at work

TREATING PRACTITIONER DETAILS:

Treating Doctor:

Telephone:

EMPLOYER/AGENT SERVICE REQUEST: (please tick appropriate boxes)

Address:

Fax:

RTW PRE INJURY EMPLOYER				
	Code	Service	Hours	Costs
<input type="checkbox"/>	RC700	OES Initial/Worksite Assessment Report		
<input type="checkbox"/>	RC715	Servicing/Occupational Rehabilitation Counselling		
<input type="checkbox"/>	RC760	Functional Assessment		
<input type="checkbox"/>	RC770	OES Vocational Re-education		
<input type="checkbox"/>	RC780	OES Work Conditioning		
<input type="checkbox"/>	RC790	OES Functional Education		
<input type="checkbox"/>	RC799	OES Travel		
<input type="checkbox"/>	RC755	OES One-off Worksite Assessment		
<input type="checkbox"/>	RC500	OES Vocational Assessment – 104/130 week		

RTW NEW EMPLOYER				
	Code	Service	Hours	Costs
<input type="checkbox"/>	RC800	Vocational Assessment		
<input type="checkbox"/>	RC805	Subsequent Vocational Assessment		
<input type="checkbox"/>	RC810	Workplace Assessment		
<input type="checkbox"/>	RC820	Functional Assessment		
<input type="checkbox"/>	RC830	Vocational Re-ed Assessment		
<input type="checkbox"/>	RC840	Vocational Counselling		
<input type="checkbox"/>	RC850	Work Conditioning		
<input type="checkbox"/>	RC860	Functional Education		
<input type="checkbox"/>	RC880	NES Commencement Fee		
<input type="checkbox"/>	RC881	NES Week 8 Fee		
<input type="checkbox"/>	RC882	NES Week 16 or 26 Fee		
<input type="checkbox"/>	RC883	NES Extension Fee		
<input type="checkbox"/>	RC899	OR Provider Travel		

JSA Commencement Date (if appropriate):

Other Services - Start Date:

End Date:

Comments:

EMPLOYER/AGENT APPROVAL:

Liability is accepted and approval granted for the agreed occupational rehabilitation services to commence.

Employer/Agent:

Employer/Agent Rep.:

Phone:

Title:

Fax:

Email:

Signature:

Date:

Please complete and forward to Counselling Appraisal Consultants with copies of WorkSafe certificates of capacity &/or any other relevant documentation. Thank you for the referral.

SOUTH
 Head Office
 Suite 1, 606 - 608 Hawthorn Road
 East Brighton VIC 3187
t: 9596 0239 f: 9596 0839 e: reception@cac.com.au

NORTH EAST
 Level C, 42 Upper Heidelberg Road
 Ivanhoe VIC 3079
 PO Box 314, Ivanhoe VIC 3079
t: 9499 4333 f: 9499 1300 e: cacnortheast@cac.com.au

GEELONG
 Suite 2, 24 Moorabool Street
 Geelong VIC 3220
 PO Box 4116, Geelong VIC 3220
t: 5221 9333 f: 5221 9444 e: reception@cac.com.au