

Please forward referral to Admin@enhancehealthgroup.com.au

Ph: 0404104082

VR1 Referral Form

Workplace rehabilitation provider: Enhance Health Group Pty Ltd

Details

Name (Worker): DOB: Date of injury:

Claim number: Phone:

Address: Email:

Insurer: Phone:

Email:

Referral

Specific service

<input type="checkbox"/> Functional capacity	<input type="checkbox"/> Job demands
<input type="checkbox"/> Vocational	<input type="checkbox"/> Workplace
<input type="checkbox"/> Ergonomic	<input type="checkbox"/> Aids & appliances

Rehabilitation program

Status of worker

<input type="checkbox"/> Working / full capacity	<input type="checkbox"/> Not working / full capacity
<input type="checkbox"/> Working / partial capacity	<input type="checkbox"/> Not working / partial capacity
	<input type="checkbox"/> Not working / no capacity

Employer details

Company:

Contact name:

Address: Phone:

Email: Fax:

Medical practitioner

Company:

Name:

Address: Phone:

Email: Fax:

Source of referral

Medical practitioner Employer Insurer Worker/representative

Referrer

Signature:

Name:

Date:

Insurer – Submit referral into WorkCover WA Online

Employer, medical practitioner and worker – Provide form to the insurer or WRP

WRP – Provide form to the insurer