

Referrer Details

Contact Person

Position

Company Name

Contact tel.no

Case Reference Number

Fax

Email

ABN

Mailing Address

Appointed by (client name):

Claimant Details

Plaintiff/Defendant's name

Date of Birth (if Applicable)

Address

Occupation/Nature of Business

Contact No. (H)

Contact No. (W)

Interpreter Required? Y/N

- Yes
 No

Language spoken

Claim Details

Claim No:

Details regarding the claim (nature of claim, details re plaintiff and defendant as relevant)

Nature of the injury/condition

Date of injury / Onset of Condition

Other Information

Review of Documents

As part of the preparation of this report, you will be asked to review documents and reports provided by other experts. It is estimated that these reports will be _____ pages in length

Urgency

The time frames in this case will mean that we require this report to be completed by _____, and we appreciate your attention to these time frames. Please call us to discuss the required completion date if this is not deemed achievable.

Preferred location of Assessment

- | | |
|--|--|
| <input type="checkbox"/> Sydney metropolitan | <input type="checkbox"/> Canberra |
| <input type="checkbox"/> Rural Australia | <input type="checkbox"/> Other capital cities of Australia |
| <input type="checkbox"/> International | |

Referral Details & Instructions

Report Content Required:

- Category 1** - Personal care needs and ability to perform activities within their home.
- Category 2** - Personal care needs and ability to perform activities within their home, family, work and community, including their needs for equipment, modifications, and replacement costs of such.
- Category 3** - Personal care needs and ability to perform activities within their home, family, work and community, including their needs for equipment, modifications, and replacement costs of such, and incorporating standardized measures and formal Functional Capacity Evaluation. This may assist with provision of information regarding consistency in performance over time and place.
- Category 4** - Comprehensive functional and personal care needs, in addition to their ability to return to pre-injury employment, and/ or the likelihood of their ability to undertake new employment opportunities.
- Category 5** - Specific employment capabilities, including ability to perform past work duties, need for future work retraining programs, ability to use transferrable skills in re-employment process and needs for work coaching and skill development. This may be in addition to personal care needs assessment and functional capacity assessment, or stand as a separate report.
- Category 6** - Comprehensive past, current and future care needs, as may be required with a more complex injury, including their ability to perform activities within their home, work and community, their need for equipment and modifications, and the replacement costs of such over life time.
- Category 7** - Comprehensive care, nursing and medical needs as is required to identify short or long term personal care and nursing needs for an individual experiencing catastrophic and life changing injuries, with high levels of personal care needs.
- Category 8** - Please contact us to determine the particular circumstances and need of our clients prior to determining the inclusions and matters to be assessed and reported.

Please detail any further requests or relevant information in addition to the report content option selected