Royal Rehab
LifeWorks

Phone: **9808 9369** or **1800 518 180**
Fax: **8088 4783**
Email: **lifeworks@royalrehab.com.au**
Website: **royalrehablifeworks.com.au**

Referral Form
icare / Compensable

Date of referral

Client details

Contact for appointments ☐

Name

Address

Email

Phone

Date of birth

Gender

☐ Male ☐ Female ☐ Non-binary/genderfluid

Different identity (please specify):

Interpreter required ☐ Yes ☐ No

Language/cultural background e.g. ATSI

Next of kin details

Contact for appointments ☐

Name

Address

Email

Phone

GP details

Name

Clinic name

Phone

Address

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icare / Compensable details

Approval attached ☐ or, quote required ☐

Participant number

Insurer contact person name

Service

Address

Email

Phone

Case manager details

Contact for appointments ☐

Name

Service

Address

Email

Phone

Injury details

Medical / admission / discharge / medication summaries / previous assessments attached ☐

Primary diagnosis

Date of onset

Secondary diagnosis

Services requested

- ☐ Aquatic physiotherapy
- ☐ Occupational therapy
- ☐ Horticultural therapy (OT)
- ☐ Speech pathology
- ☐ Recreational therapy (including cycling)
- ☐ Dietetics
- ☐ Physiotherapy
- ☐ Social work
- ☐ OT Driving assessment and training
- ☐ Neuropsychology assessment
- ☐ Case management
- ☐ Psychosexual therapy (sex therapy)
- ☐ Development of rehab plan
- ☐ FIM assessment

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Referrer details

Contact for appointments ☐

Name

Service

Address

Email

Phone

Consent obtained for referral? ☐ Yes ☐ No

If internal referral:

Consent obtained to review file? ☐ Yes ☐ No

Approx. date of discharge

Other relevant contacts / Service providers for client

Name

Service

Email

Phone

Name

Service

Email

Phone

Name

Service

Email

Phone

Name

Service

Email

Phone