

Forward all correspondence to:

Email: admin@compassist.com.au

Post: **PO BOX: 3182 Blakehurst NSW 2221**

Phone: 1300 891 330 Fax: 02 8088 6349

COMPENSATION ASSISTANCE SERVICES REFERRAL FORM

admin@compassist.com.au

Service Request (Please Tick)

Vocational Assessment Only (includes LMR) <input type="checkbox"/>	Earning Capacity Assessment (Includes Functional/Vocational and LMR) <input type="checkbox"/>
Vocational and Functional Assessment for WCA (includes LMR) <input type="checkbox"/>	Obtain Pre Injury Comparables <input type="checkbox"/>
Updated Labour Market Analysis for any previously identified jobs <input type="checkbox"/>	Functional Assessment Only <input type="checkbox"/>
Labour Market Analysis for Current Job <input type="checkbox"/>	Psychological Assessment Only <input type="checkbox"/>
Vocational Assessment for the Purpose of Commutation <input type="checkbox"/>	IMC <input type="checkbox"/>

Additional Information:

Please attach the following documents to your referral: Claim Form, Court Award Details if any, Last 2 current Work cover Medical Certificates, Last IME/IMC report, any Vocational Assessments and a Recent Rehab report.

Worker, Treating Doctor and Employer Information

WORKER'S NAME		Claim number:	
Address:		Date of birth:	
Telephone:		Mobile number:	
Interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Language:	
Date of injury:		Date of Notification	
Diagnosis:		Current Medical Certification:	
Current Work Status:			
TREATING DOCTOR'S NAME:			
Address:		Facsimile:	
Telephone:		Facsimile:	
PRE-INJURY EMPLOYER			
Employer contact:		Pre-injury Occupation:	
Address:			
Telephone:	Facsimile:	Pre-injury salary (gross) include overtime	
Pre-injury Work Hours:	Pre-injury Award:	Pre-injury salary (gross) include overtime	
CURRENT EMPLOYER (Will not be contacted)			
Employer contact:		Current Occupation:	
Address:			
Telephone:	Mobile No:	Facsimile:	
Current Work hours:		Current salary (gross):	
REFERRER NAME:		Direct Phone	Email

Do we have your approval to undertake the above services?

(Please highlight) **YES / NO** (If no, do not sign below)

approval is hereby granted to undertake the above services

Date:

Signed

Direct Phone

(Please print name)

Direct Fax

Email Address (if suitable for correspondence)