

## Compensable Referral Form

### Client Details

Client Title \*

Mr Mrs Ms Other

Client Date of Birth \*

Client First Name \*

Client Last Name \*

Client Preferred First Name

Client Gender \*

Client Home Phone

Client Mobile Phone \*

Client Email Address \*

Client Address \*

Suburb

State

Post Code

Emergency Contact Name

Emergency Contact

Guardian/Caregiver Name (if applicable)

Guardian/Caregiver Phone

Is an Interpreter Required? \*

Yes No

Language

\* indicates a required field

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## Compensable Referral Form

### Referrer Details

Referrer Type \*

Self Referred

Doctor

Allied Health

Case Manager

Rehabilitation Consultant

Lawyer

Other

**The following Referrer details are NOT required if Referrer Type is Self Referred.**

Referrer Title \*

Dr

Mr

Mrs

Ms

Other

Referrer First Name \*

Referrer Last Name \*

Referrer Organisation

Referrer Phone \*

Referrer Fax

Referrer Email Address \*

Referrer Address

Suburb

State

Post Code

Referrer Preferred Method of Communication

Email

Phone

Fax

Letter

### File Attachments

If you are filling in this form manually, please attach all relevant documents from the referrer.



## Compensable Referral Form

### Compensable Details

Type of Claim \*

Work Injury      Motor Vehicle Accident      Other

Insurance Company

Claim Number

Date of Injury/Accident \*

Accepted Claim \*

Yes      No      Don't Know

**The following Case Manager details are NOT required if Referrer Type (on page 2) is Case Manager.**

Case Manager Name

Case Manager Phone

Case Manager Email Address

**The following Treating Doctor details are NOT required if Referrer Type (on page 2) is Doctor.**

Treating Doctor Name

Doctor Phone

Doctor Fax

Treating Doctor Email Address

Treating Doctor Address

Suburb

State

Post Code

Treating Doctor Preferred Method of Communication

Email      Phone      Fax      Letter

**The following Employer details are required if Type of Claim is Work Injury.**

Employer

Employer Contact

Contact Phone

Injury Type

### File Attachments

If you are filling in this form manually, please attach all relevant documents for the compensable details.

\* indicates a required field



## Compensable Referral Form

### Referral Details

Main Focus of Referral

Other Comments

### Subscriptions \*

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Yes

No



\* indicates a required field