

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