

INJURY MANAGEMENT CONSULTANT PRO FORMA REFERRAL

An insurer or employer refers an injured worker to an injury management consultant. All relevant reports and medical certificates should be attached to the referral to assist the injury management consultant determine the nature of the problem, the worker's medical status and rehabilitation progress.

IMC details

Name _____

Phone _____

We have referred _____ to you and request that you:

- assess the attached documentation
- contact the nominated treating doctor to discuss the return to work management
- consult the worker's employer to identify the availability of duties, if necessary
- assess the worker, if necessary.

Worker details

Name _____ Claim number _____

Date of birth ____/____/____ Date of injury ____/____/____ Date last worked ____/____/____

Injury _____

Occupation _____

Employer's name _____ Contact person _____

Phone _____ Fax _____

Nominated treating doctor details

Name _____

Address _____

Phone _____ Fax _____

Reason for referral

- lack of information about work capacity
- conflict over the suitability of work duties
- suitable duties have not progressed
- other (please specify)

Please forward a copy of the report that explains the agreed outcome between yourself and the nominated treating doctor to the insurer and the nominated treating doctor. You may wish to suggest alternative action that could assist in achieving a return to work.

Documentation enclosed

- History of injury, treatment, any surgical interventions, current ongoing treatment and relevant reports from the nominated treating doctor, the treating medical specialist and any other treating personnel.
- Rehabilitation progress, including return to work restrictions, medical status of the injured worker, the involvement of a rehabilitation provider.

Insurer/referrer details

Name _____

Contact person _____

Phone _____ Fax _____