



"Quality health makes a difference"

# REHABILITATION REFERRAL FORM

<b>Referred by:</b>		<b>Date referred:</b>	
<b>Worker Details:</b>			
Name:	Date of Birth:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address:		Ph: (H) (M)	
Date of Injury:	Type of Injury:	Claim Number:	
Interpreter required: Y <input type="checkbox"/> N <input type="checkbox"/>	Language:	Occupation:	
<b>Treating Doctor:</b>		Diagnosis:	
Address:			
Phone:	Fax:		
<b>Employer:</b>		Contact Name:	
Address:		Ph: Fax:	
<b>Insurer:</b>		Contact Name:	
Insurance Company:		Ph: Fax:	
Address:			

**Approval is hereby given to Synergy Medical Pty Ltd for the commencement of the following service(s):**

List of Services	Tick here
Return to Work Rehabilitation	
Vocational Assessment	
Ergonomic Assessment	
Functional Assessment	
Workplace Assessment	
S40 Assessment	
Occupational Therapy Services eg. Functional Education / Task Simplification / ADL Assessment etc	
Pain Management and Psychological Assessment	
Other Service(s) required:	

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Company:** \_\_\_\_\_

**Please kindly fax the completed approval form back to Synergy Medical Pty Ltd on (02) 9745 6057 at your earliest convenience.**

## Ashfield

Synergy Medical Pty Ltd  
Suite 4, 251 Liverpool Road, Ashfield NSW 2131  
All correspondence to: PO Box 37 Enfield NSW 2136

## Chatswood

ACN 091 676 354  
Tel: (02) 9799 5298  
Fax: (02) 9799 9265

## Hurstville

WorkCover Accredited Provider No. 478  
Website: [www.synergymed.com.au](http://www.synergymed.com.au)  
Email: [rehab@synergymed.com.au](mailto:rehab@synergymed.com.au)