



REFERRAL FORM

Referrer: _____

Telephone: _____ Date of Referral: _____

REFERRED FOR

Single Rehabilitation Service – OR01

- Workplace Assessment
- Vocational Assessment
- Functional Assessment
- Other: _____

Return to Work Plan

- Same employer - OR02
- Different employer – OR03

Other:

- RTW Coordination
- S40 Assessment
- Job seeking assistance programme
- Psychological assessment/counselling
- Trauma Debriefing
- Ergonomic assessment
- Activities of Daily living assessment
- Other: _____

WORKER DETAILS

Name: _____

Claim No: _____ Date of Birth: _____

Address: _____

Telephone: _____ Mob: _____

Type of Injury: _____ Date of Injury: _____

Interpreter Required: Yes No Language: _____

Occupation: _____

NOMINATED TREATING DOCTOR

Doctor: _____

Address: _____

Telephone: _____ Fax: _____

EMPLOYER DETAILS:

Employer: _____

Contact: _____ Email: _____

Address: _____

Telephone: _____ Fax: _____

Mend Member Yes No

DETAILS OF INSURER:

Insurer: _____

Contact: _____ Email: _____

Address: _____

Telephone: _____ Fax: _____

INSURER/EMPLOYER APPROVAL

Signature: _____ Date: _____

Name: _____

NB. Upon approval, services will commence. Please return to Mend via fax at the appropriate location.

GLEBE
Master Builders Building
52 Parramatta Road
GLEBE NSW 2037
Ph: (02) 9660 8611
Fax: (02) 9660 8777

LIDCOMBE
CFMEU Building
Level 1
10-12 Railway Street
LIDCOMBE NSW 2141
Ph: (02) 8745 5300
Fax: (02) 9749 2633

NEWCASTLE
165 Lambton Road
BROADMEADOW NSW 2310
Ph: (02) 44979 0104
Fax: (02) 9285 0548

GOSFORD
Level 1
4 Stockyard Place
WEST GOSFORD NSW 2250
Ph: (02) 4323 4588
Fax: (02) 4323 4922

WOLLONGONG
Ground Floor
Fred Moore House
1 Lowden Square
WOLLONGONG NSW 2500
Ph: (02) 4227 4507
Fax: (02) 4227 4886

Toll Free: 1800 300 011 Email: info@mendservices.com.au