



DOCTORS REFERRAL FOR ACTIVE WORKING SOLUTIONS SERVICES

SERVICES REQUIRED:

WorkCover, Comcare or CTP Case Management /

Return to Work Rehabilitation

Psychological Assessment

General Counselling

Pre-Employment Screening / Drug & Alcohol Testing

Functional Capacity Assessment to Assess Manual Handling Capacity

Occupational Therapy Services / Assessment

Vocational Assessment / Job Placement

Work Conditioning / Exercise Program / WRAP

Psychological Treatment

Driving Assessment / Training

Workplace Assessment to Assess Capacity & Problems at Workplace

Enhanced Primary Care

Other Services (Please nominate)

WORKERS DETAILS:

First Name Surname Claim No. (If applicable) Insurer Date of Injury Type of Injury Occupation If worker is currently at work (Please nominate) Normal Duties Suitable Duties Date ceased (If worker is currently off work) Address City Postcode State Phone Date of Birth Interpreter Required (Please nominate) No Yes Language Required

EMPLOYER DETAILS:

Business Name Contact Phone

REFERRING DOCTORS STAMP/DETAILS & COMMENTS:

Liability Accepted (Please nominate) No Yes Don't Know Attachments (Please nominate) No Yes Claim Forms Medical Certificate Reports Other PREFERRED METHOD OF CONTACT: (Please nominate) Email Fax Post Phone

TO SUBMIT YOUR REFERRAL TO AWS

EMAIL your referral to AWS:

Attach this pdf with additional documents to your email, and email to AWS Reception:

reception@activeworkingsolutions.com.au

FAX your referral to AWS:

Print & fax your referral to AWS
toll free on **1300 132 991**

POST your referral to AWS:

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