Independent consultant referral

NSW GOVERNMENT | State Insurance Regulatory Authority

Section 1: Worker details

Given name(s)

Surname

Date of birth (DD/MM/YYYY)

Claim number

Date of injury (DD/MM/YYYY)

Mobile number

Diagnosis

Current work status (if no capacity for work, note the last day worked)

Employer

Occupation

Return to work or vocational goal

Section 2: Service provider details

Contact person

Practice name

Service provider details continued over...

Practice suburb | State | Postcode

Discipline | Telephone number

Email

Date treatment commenced (DD/MM/YYYY) | Number of treatment sessions to date | Costs to date

Section 3: Independent consultant details

Name

Telephone number | Email

Practice address

Suburb | State | Postcode

Section 4: Request for review (Note: if the purpose of the referral is to obtain functional capacity information you should refer to a workplace rehabilitation provider not an independent consultant)

Please undertake a:

- ☐ Stage 1 File review
- ☐ Stage 2 File review and discussion with the treating allied health practitioner
- ☐ Stage 3 Worker assessment and discussion with the treating allied health practitioner

Review requested by:

☐ Insurer ☐ AHP ☐ WRP ☐ Other

Section 5: Provide summary of insurer contact with treating practitioner (if no contact, explain why)

Section 6: Reason for review

Section 7: Additional relevant background information

Section 8: Nominated treating doctor details

Name

Practice name

Telephone number

Email

Practice suburb

State

Postcode

Section 9: Other treating service provider(s)

(if you require additional space use the additional information field on page 4)

Allied health practitioners (past and present) (name and discipline)	Tick one		Types of treatment (for example cognitive behavioural therapy, exercise program)	No. of sessions attended
	Past	Present		

Section 10: Informing the support team

The insurer has informed the following parties of the independent consultant referral:

Worker	☐ Yes	☐ No
Treating allied health practitioner	☐ Yes	☐ No
Nominated treating doctor	☐ Yes	☐ No

Section 11: Insurer details

Contact person

Organisation

Direct telephone number

Best time and day to contact

Date (DD/MM/YYYY)

Email

Section 12: Documentation attached

- ☐ AHRR (all current and past AHRR/management plans)
- ☐ Workplace rehabilitation provider reports
- ☐ Return to work plans
- ☐ Last two injury management plans
- ☐ Recent Injury Management Consultant/ Independent Medical Examiner/ Nominated Treating Doctor/surgery reports
- ☐ Last two certificates of capacity
- ☐ Medication list
- ☐ Recent imaging reports
- ☐ Claim form (if applicable)

Section 13: Additional information

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