

CS Health Referral Form

Client details

Surname:	Preferred Name (if applicable):	
Given Name:	Middle Name:	
Date of Birth:	Mobile/phone:	
Address:	Postcode:	Email:
Type of Injury(s):	Date of Injury:	
Incident Type:	Body Code:	
Occupation:	Claim Number:	

Client work status

RTW Goal:	Current Work Status:
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Additional contacts

Employer:	Site:	Policy Number:
Contact Name:	Phone:	Email:
Doctor:	Practice Name:	
Specialist:	Practice Name:	

Services requested

<input type="checkbox"/> Workplace Rehabilitation Assessment + Recover at work (Same Employer)	<input type="checkbox"/> Exercise Physiology	<input type="checkbox"/> Task/Job Analysis
<input type="checkbox"/> Workplace Assessment / Early Intervention	<input type="checkbox"/> Physiotherapy	<input type="checkbox"/> Group program: Pain Education
<input type="checkbox"/> Functional Assessment	<input type="checkbox"/> Psychology	<input type="checkbox"/> Group program: Work Conditioning
<input type="checkbox"/> Return to work FCE		
<input type="checkbox"/> WorkHab FCE		
<input type="checkbox"/> Ergonomic Workstation Assessment	<input type="checkbox"/> ADL/Home Assessment	<input type="checkbox"/> Other:
Region for service		

Reason for referral: barriers / risks

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Insurer details CMI

Other:

Case Manager Name:	Phone:	Email:
Injury Management Specialist Name:	Phone:	Email:

Referrer:

Name:	Signature:	Date:
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Please send referral from to alliedhealth@coalservices.com.au

Coal Services Pty Limited: ABN 98 099 078 234

Gunnedah
Cnr Reservoir Street and
Anzac Parade
Gunnedah NSW 2380
PO Box 17
Gunnedah NSW 2380

Lithgow
3 Proto Avenue
Lithgow NSW 2790
PO Box 72
Lithgow NSW 2790

Mudgee
Unit 4, 64 Sydney Road
Mudgee NSW 2850
PO Box 1156
Mudgee NSW 2850

Newcastle
143 Main Road
Speers Point NSW 2284
PO Box 101
Boolaroo NSW 2284

Singleton
1 Civic Avenue
Singleton NSW 2330
PO Box 317
Singleton NSW 2330

Woonona
558-580 Princes Highway
Woonona NSW 2517
PO Box 42
Corrimal NSW 2518

Suggested documentation to include with referral (if available):

- ☒ Certificate of capacity
- ☐ Injury management plan
- ☐ Imaging reports
- ☐ Reports: IME exerts/NTS/treatment provider etc
- ☐ Recover at work plan/s
- ☐ Communication from NTD/NTS
- ☐ Position/job/role description
- ☐ Prognosis fax response