

AOHS Referral Form



WORKER INFORMATION

Title	Mr	Mrs	Ms		
Name					
Address					
Phone				D.O.B.	<input type="text"/>
D.O.I.	<input type="text"/>			Injury	
Work Capacity	Yes	No		Capacity	
At work	Yes	No		Hours pw	
Interpreter	Yes	No		Language	

AGENT INFORMATION

Agent Name					
Address					
Case Manger				Referrer	Yes No
Phone				E-mail	
Claim No.					

EMPLOYER INFORMATION

Company Name					
Address					
Contact				Referrer	Yes No
Phone				E-mail	

DOCTOR INFORMATION

Doctor's Name				Referrer	Yes No
Address					
Phone				Fax	

BROKER INFORMATION

Broker Name

Address

Contact

Referrer

Yes

No

Phone

E-mail

SERVICES

Workplace Services

RTW plan

medical case conference

workplace assessment

task analysis

vocational assessment

labour market analysis

functional capacity assessment

earning capacity ax

resume preparation

job search training

career management

ADL Assessment

driving assessment

critical incident debriefing

Work Health &
Safety

outsourced RTW

complex claims reviews

triaging new claims

ergonomic assessments

equipment advice

WHS management system

safe work method statements

WHS site gap analysis

injury mngt policies/procedures

noise survey & hearing conservation

stress audit

pre-employment screening

Training Services

WorkCover RTW co-ordinator introductory course

WorkCover Advanced RTW co-ordinator

WorkCover HSR

WorkCover HSR refresher

work health & safety for officers

manual handling

managing workplace bullying & harassment

preventing psychological injury

accident investigation

hazardous substances

health promotion / wellness at work

Other

Comments

SERVICING SYDNEY, NEWCASTLE, WOLLONGONG & SURROUNDS & NORTHERN & WESTERN NSW