

PHONE: 1300 391 947
EMAIL: office@ausrehab.com

PROVIDER NAME: AusRehab
PROVIDER NUMBER: 951

WEB: www.ausrehab.com
ADDRESS: [Suite 226/100 Collins St, Alexandria NSW 2015](#)

Please complete the referral form below. Once completed, email the form and any supporting documents to **office@ausrehab.com**. If you need assistance, please call us on **1300 391 947**.

What service can we assist you with?

- | | |
|---|---|
| <input type="radio"/> Initial needs assessment | <input type="radio"/> Vocational assessment |
| <input type="radio"/> Worksite assessment | <input type="radio"/> Functional capacity evaluation |
| <input type="radio"/> Activities of daily living assessment | <input type="radio"/> Psychological functional assessment |
| <input type="radio"/> Case management – same employer | <input type="radio"/> Ergonomic workstation assessment |
| <input type="radio"/> Case management – new employer | <input type="radio"/> Vehicle ergonomic assessment |
| <input type="radio"/> Occupational therapy driving assessment | <input type="radio"/> Other |

Have a preferred consultant? No Yes (specify consultant name)

Worker Details

Title First Name Last Name
Contact Number Email
DOB Date of Injury Occupation
Nature of Injury
Suburb Zipcode State

Insurer Details

Tick if Referrer

Company Name
Contact Name
Contact Number
Email
Claim Number

Employer Details

Tick if Referrer

Company Name
Contact Name
Contact Number
Email

Treating Practitioner Details

Tick if Referrer

Title Name Provider No.
Clinic Name Practitioner Type (e.g. GP, Physio)
Contact Number Email

Signature

Date