

- FAST, WORK CAPACITY DATA
- URGENT RTW
- COST CONTAINMENT
- PREMIUMS CONTROL



Rehabilitation Injury Management (Aust) Pty Ltd ABN 19 042 312 776

All Mail to: Locked Bag 17, North Parramatta NSW 1750

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## REFERRAL FORM

<b>REFERRED BY</b>		<b>INSURANCE COMPANY</b>	
Name:		Contact:	
Title:	Date:	Address:	
Organisation		Phone:	
Signature		Fax:	
<b>EMPLOYEE DETAILS</b>		<b>EMPLOYER</b>	
Name:		Organisation:	
Date of Birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Contact:	
Occupation		Address:	
Address:		Phone:	
Phone:	Fax:	Fax:	
Injury:		<b>INVOICE TO BE SENT TO</b>	
Date of Injury:		Attention:	
Claim Number:		Postcode:	
Liability Accepted: Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>OTHER</b>	
<b>EMPLOYMENT DETAILS</b>		Name:	
Currently Employed:		Address:	
At Work <input type="checkbox"/> Off Work <input type="checkbox"/>		Phone:	
Unemployed: <input type="checkbox"/> If so give Termination Date:		Fax:	
<b>EMPLOYEES TREATING DOCTOR</b>		<b>COMMENTS AND REQUESTS</b>	
Dr:			
Address:			
Phone:	Fax:		