



PLATINUM REHABILITATION GROUP

REFERRAL FORM

| REFERRER DETAILS | |
|------------------|--|
| REFERRER | |
| COMPANY | |
| CONTACT NUMBER | |
| CONTACT E-MAIL | |

| WORKER DETAILS | |
|---------------------------|--|
| WORKER NAME | |
| PHONE NUMBER | |
| CLAIM NUMBER | |
| NOMINATED TREATING DOCTOR | |

| INSURER DETAILS (IF NOT REFERRER, PLEASE COMPLETE) | |
|---|--|
| INSURER | |
| CASE MANAGER | |
| PHONE NUMBER | |
| E-MAIL ADDRESS | |

| EMPLOYER DETAILS (IF NOT REFERRER, PLEASE COMPLETE) | |
|--|--|
| EMPLOYER | |
| RTW CONTACT | |
| CONTACT NUMBER | |
| E-MAIL ADDRESS | |

| ADDITIONAL COMMENTS |
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