

CMS Referral Form



Organisation Details

Insurer / Organisation's Name*

Branch / Division*

Organisation's Phone Number

Organisation's Email Address

Contact Details

Contact's Name*

Contact's Phone Number*

Contact's Email Address*

Contact's Role*

Contact's Team Name

Contact's Preferred CMS Consultant

Rehabilitation / Other Provider Details

Provider Organisation's Name

Provider Organisation's Branch / State

Consultant's Name

Consultant's Phone Number

Consultant's Email Address

Consultant's Qualifications

Claimant Details

Claimant's Name*

Case Number*

Street Address*

Suburb*

State*

Post Code*

Claimant's Phone Number*

Claimant's Email Address*

Claimant's Birth Date*

 / /

Date of Notification*

Claimant's Employment

Claimant's Pre-Injury Employer*

Claimant's Pre-Injury Role*

Claimant's Employment Status

- Employed Unemployed

Claimant's Employment Start Date

 / /

Claimant's Employer Location

Claimant's Pre-Injury Average Weekly Earnings*

Claimant's Pre-Injury Hours

Case Details

Legal Involvement

- Unsure Yes No

Service Type

- Worker's Compensation Compulsory Third Party Ex Gratia Income Protection
 Life Insurance Personal Injury Retail Outplacement
 Career Transition Career Services Workshops HR Consulting
 Recruitment Services

Service Offering

- Flourish: Early Intervention Career Coaching Optimise: Job Seeker Specialist Career Coaching
 Pathfinder: Work Preparation/Compliance/MOL
 Fixed Package: Kick Start Fixed Package: Jump Start Single Services Unsure

Other

Type of Service / Return to Work Goal

- SES (Same Employer - Same Job) SEN (Same Employer - New Job)
 NES (New Employer - Same Job) NEN (New Employer - New Job)
 Workplace Facilitated Discussion SJSS (Specialised Job Seeking Services)

Other

Type of Assistance Required*

- Job Seeking
- Career Coaching
- Work Preparation
- Unsure
- Single Services
- Assessment

Work Status Code

- 01: Working – Same Employer - Full Capacity
- 02: Working – Same Employer - Current Work Capacity
- 03: Working – Different Employer - Full Capacity
- 04: Working – Different Employer - Current Work Capacity
- 06: Not Working – Has no Current Capacity
- 08: Not Working – Has Current Capacity
- 09: Not Working – Not Entitled to Weekly Benefits
- 10: Not Working – Retired

Cost Code

- OR01
- OR02
- OR03
- OR04
- OR20
- OR21
- OR30
- N/A

Pilot

Pilot Name

Yes No

Injury Details

Claim Type*

- Physical
- Psychological
- Physical/Secondary Psychological
- N/A

Nature of Injury

Medical Restrictions

Current Capacity (Hours)

Injury Note

Date of Injury

 / /

Document

Authority to Exchange Information*

- Yes
- No

Referral Note