QVHS

1300 722 679
bookings@qvhs.com.au
www.qvhs.com.au

REFERRAL

PATIENT DETAILS (if applicable):

Name	Date of birth	Telephone
Occupation or proposed occupation	Home address [ ]Home visit requested (mobility problems or other needs)	
REMARKS - Clinical history, problems, concerns or questions (see ** below) [ ] Please fax results Report type required: [ ] Basic [ ] Standard [ ] Detailed [ ] Medico-legal		

REFERRER DETAILS:

Referred by (name)	Telephone Facsimile	Organisation / Company
Postal address	Signature	Date Billing or order code

SERVICE(S) REQUESTED: (Please tick **one or more** boxes)

OCCUPATIONAL MEDICINE

Standard examinations:
[ ] Pre-employment medical*
[ ] Periodic medical (routine health review of current employee)*
[ ] Exit medical*
[ ] Statutory medical – e.g. driver / plant operator / miner*
[ ] PPE / SCBA worker medical
[ ] Skin assessment (sun exposed persons, dermatitis)
[ ] Radiation medical
* Please use QVHS Fitness for Work/Employment Referral

Medico-legal, specialist & rehabilitation examinations:
[ ] Injury / illness investigation
[ ] Rehabilitation (assessment of needs, prognosis, etc)
[ ] Fitness for duty / work capacity assessment
[ ] Permanent impairment (P.I.) assessment
[ ] Hearing loss assessment
[ ] Other - please specify or attach referral letter

CLINICAL MEASUREMENTS, TOXICOLOGY & HAZARDOUS SUBSTANCE SERVICES

[ ] Audiometry (hearing test) & report
[ ] Spirometry (lung function test) & report
[ ] Vision testing (comprehensive) & report
[ ] Vision testing, colour vision (screen & practical test)
[ ] Urine drug screen (immediate)
[ ] Urine drug screen (laboratory - result in 24 - 48 hours)
[ ] E.C.G. (12 lead resting E.C.G.) & report
[ ] Chest x-ray (referred)
[ ] Health surveillance assessment (e.g. dust, lead, isocyanates, pesticides, organic solvents, etc.)
[ ] Investigation of hazardous exposure(s) or suspected toxicity
[ ] Toxicology literature review - please attach list of substances
Please list relevant hazardous exposures or attach MSDS:

VACCINATIONS & TRAVEL MEDICINE

[ ] Pre-travel assessment and protective vaccination / advice

Vaccinations:
[ ] Hepatitis A [ ]Other(s): ……
[ ] Hepatitis B
[ ] Influenza
[ ] Q-fever

OCCUPATIONAL THERAPY & REHABILITATION

[ ] Rehabilitation case management
[ ] Functional capacity evaluation (FCE)
[ ] Work site assessment to establish rehabilitation program
[ ] Monitored return to work program
[ ] Splinting and hand therapy
[ ] Ergonomic assessment
[ ] Other - Please specify

PSYCHOLOGY

[ ] Counselling
[ ] Vocational assessment
[ ] Vocational counselling
[ ] Pain management
[ ] Adjustment to injury counselling
[ ] Anger and stress management
[ ] Critical incident stress debriefing (CISD)
[ ] Counselling + fitness program - depression or anxiety disorders

EXERCISE PHYSIOLOGY

[ ] Fitness assessment
[ ] Conditioning program (gym based)
[ ] Education - Injury / Pain Management / Manual Handling
[ ] Stretching program
[ ] Hydrotherapy
[ ] Group warm up training
[ ] Other - Please specify

EDUCATION

[ ] Injury or illness education (person specific)
[ ] Manual handling training
[ ] Back care
[ ] Hearing conservation
[ ] Basic toxicology
[ ] Other - please specify

**PLEASE NOTE – to assist the assessing health professional, please attach, where applicable:

- Job or duty description
- Injury or incident report(s) &/or WorkCover application(s)
- Sick leave history
- Any other relevant information (such as a list of potential hazardous exposures, MSDS sheets, etc.)

AUTHORITY (Referrer or QVHS Staff may request the patient to complete this section if a medical report is required)

(Name of patient) I ..... hereby authorise the assessing doctor or therapist to provide the referrer (above) with a report regarding the assessments for which I have been referred.

Signature of patient ..... Date ……/……./……..

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