



Work Capacity Assessment Referral Form

Referral Guidelines

To refer a worker for a Work Capacity Assessment, please complete this form (or online at www.workcapacityassessments.info) and return it, along with a copy of all relevant documentation to admin@trinitasgroup.com.au

Insurer Information

Insurer: _____ Case Manager (CM): _____
CM Phone No: _____ CM Fax No: _____
Claim Number _____ CM E-Mail: _____
Insurer Postal Address: _____

Worker Information

Worker Name: _____
Worker Address: _____
Worker Phone No: _____
Worker DOB: _____
Date of Injury: _____
Description of Injury: _____
Current Employer: _____
NTD Details: _____
Additional Information: _____
Interpreter Required? _____

Assessment Location: SYDNEY CBD ___ PARRAMATTA CBD ___ NORTH SYDNEY ___ REGIONAL AREA ___

Work Capacity Assessment Needs

Vocational Assessment: _____ Functional Assessment: _____
Medical Review (Physical Injuries) _____ Medical Review (Psychological Injuries): _____



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Work Capacity Assessments