Kairros Referral Form

KAIRROS
Injury Management Professionals

Who is completing this form?

☐ Insurance Agent ☐ Employer ☐ Health Professional ☐ Government Support Official ☐ Worker

Your Full Name ``

Your Phone Number

Your Email

Worker / Client details

Title

Client First Name

Client Last Name

Client Address

Suburb

State

Postcode

Client Phone

Client D.O.B / /

Client Gender ☐ M ☐ F ☐ X

Client Usual Occupation

Interpreter required? Language?

Date of injury

Nature of injury (please provide as much detail as possible)

Service request details

Referral date (DD/MM/YYYY)

Please select service

☐ ORO1 – Single Service – Vocational Assessment
☐ ORO1 – Single Service – Workplace Assessment
☐ ORO1 – Single Service – Functional Assessment
☐ ORO2 – Same Employer Services
☐ ORO3 – New Employer Services
☐ OAS002 – Activities of Daily Living Assessment
☐ IIN103 – Investigation – Earning Capacity Assessment
☐ IIN103 – Investigation – Labour Market Analysis
☐ OAS005 – Claims Management for Catastrophic Injuries and Medically Intensive
☐ Other – please specify

Service request details

Insurer details

Title

First Name

Last Name

Company Name

Company Address

Suburb

State

Postcode

Phone

Email

Claim No.

Billing address

Kairros Referral Form

Employer details

Title | First Name | Last Name

Company Name

Company Address

Suburb | State | Postcode

Phone | Email | Fax

Treating Practitioner details

Treater Type

☐ GP ☐ Physiotherapist ☐ Specialist ☐ Psychologist ☐ Psychiatrist ☐ Chiropractor ☐ Surgeon ☐ Other

Title | First Name | Last Name

Treating Practitioner Medical Centre/Clinic Name

Company Address

Suburb | State | Postcode

Phone | Email | Fax

Additional Treating Practitioner details

Treater Type

☐ GP ☐ Physiotherapist ☐ Specialist ☐ Psychologist ☐ Psychiatrist ☐ Chiropractor ☐ Surgeon ☐ Other

Title | First Name | Last Name

Treating Practitioner Medical Centre/Clinic Name

Company Address

Suburb | State | Postcode

Phone | Email | Fax

Additional comments or information

Once you have entered the details, save your form and email it to referrals@kairros.com.au