Kairros referral form

Simply complete the form below with as much information as relevant. Please submit this form and attach any documentation at **help@kairros.com.au**

Once submitted, we'll be in touch within 24 hours. If you would prefer to speak to somebody from Kairros about your referral, please phone **1300 547 767**.

Who is completing this form?

- Insurance agent
- Employer
- Health professional
- Government support agency
- Worker/client
- Broker/consultancy
- Legal representative
- Medicolegal provider
- Kairros staff member

What service can we assist you with?

- Recovery and return to work – same employer
- Recovery and return to work – new employer
- Early intervention
- Activities of daily living assessment
- Interpreting services
- Exercise and wellness
- Initial assessment
- Worksite assessment
- Vocational assessment
- Functional assessment
- Psychological assessment
- Ergonomic assessment
- Mediation
- Not sure, would like to discuss
- Other

Where is the service required?

ACT NSW NT QLD SA TAS VIC WA

Worker/client (service recipient) details

Title First name Last name

Client address

Suburb State Postcode

Phone number Alternative phone number

DOB Gender Usual occupation

Interpreter required? Yes No Language required

Preferred consultant required? Yes No

Date of injury or condition

If yes, please provide known details

Continued on next page

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

Claim number (enter N/A if not applicable)

Insurer details

Title First name Last name

Phone Email

Claim number

Billing address

Employer details

Title First name Last name

Phone Email

Treating practitioner details

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

Title First name Last name

Treating practitioner medical centre/clinic name

Address

Suburb State Postcode

Phone Email

Any additional comments or information?

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