**OFFICIAL: Sensitive** 



## **Second Opinion Medicine Referral**

## **Referral information**

The Second Opinion Medicine service is a clinical support service available to all treating medical practitioners with patients in the Return to Work scheme for quick access to clinical advice from a medical specialist.

The treating medical practitioner retains patient care and is under no obligation to implement the recommendations, although it is strongly encouraged.

This is not a referral fer treating and does not fact treat a treating referral. It is a stand alone

| off service.                                                                 |                       |
|------------------------------------------------------------------------------|-----------------------|
| Referral date:                                                               |                       |
| Claims agent (if known):                                                     |                       |
| Reason for referral:                                                         |                       |
|                                                                              |                       |
|                                                                              |                       |
|                                                                              |                       |
| Worker's details                                                             |                       |
| Claim number (if known):                                                     |                       |
| Worker's full name:                                                          |                       |
| Date of birth:                                                               | Gender: M / F / Other |
| Worker's phone number/s:                                                     |                       |
| Interpreter required: $Y / N$ If yes, please specify:                        |                       |
| Is the worker aware of referral?: $Y/N$                                      |                       |
| If no, why not:                                                              |                       |
| <b>Medical information</b>                                                   |                       |
| Accepted injury:                                                             | Date of injury:       |
| Certifying doctor name:                                                      |                       |
| Contact details:                                                             |                       |
| Preferred day and time for specialist to contact:                            |                       |
| Other relevant information                                                   |                       |
| Additional information incl. social information / other medical conditions : |                       |
|                                                                              |                       |