



QUALITY REHABILITATION SERVICES

QRS Ltd
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New Zealand

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Referral Form

Case Manager Details

Organisation: _____

Phone: _____

Fax: _____

E-mail: _____

ACC/Customer Number: _____

Purchase Order Number: _____

Client Details

DOB: _____

Address: _____

Home Phone: _____

Cell Phone Number: _____

Diagnosis: _____

Date of Injury: _____

Employer Details

Job Title: _____

Address: _____

Work Phone: _____

Contact Person: _____

Specify Service Required (tick box):

Vocational Rehabilitation

- Workplace Assessment
- Workstation Assessment
- Gradual Return to Work Programmes
- Return to work monitoring
- Stay at Work Assessments
- Functional Capacity Evaluation

Pain Management

- PGAP (Progressive Goal Attainment Programme)

Social Rehabilitation Assessments

- Integrated Rehabilitation Assessments
- Equipment for Independence
- Housing Modifications
- Single Discipline Assessments
- Nursing Assessments

Wellness Checks and Programmes

Manual Handling Workshops

Medico Legal Assessments