Bendigo
Occupational and Environmental Medicine

43 Queen Street, Bendigo VIC 3550
Tel: 1300 737 711
Fax: (03) 8560 7019
Email: office@bendigoOEM.com.au
PO Box 107, Bendigo VIC 3552

……. ……
Patient Surname Given Names

……../……../……. ……
Date of Birth Sex

……. ……
Phone number Mobile

……..... ……..
Address Post Code

……. ……
Occupation Employer

_ _ _ _ _ _ _ _ _ _ / _
Medicare Number (optional)

Referring / Requesting Doctor

Name

Address

Telephone

Fax

Provider number

BILLING CATEGORY

- ❒ Workcover / TAC
- ❒ DVA / Repat
- ❒ Private
- ❒ Health Care Card Holder
- ❒ Other ……..……..……

……..……

APPOINTMENT (if known)

……./……./……. ……..: : ……. AM / PM
Date Time

REASONS FOR REFERRAL (Please mark all that apply)

- ❒ Occupational injury
- ❒ Occupational illness
- ❒ Hazardous exposure – chemicals, dusts, asbestos, radiation, noise, biological exposures

……

- ❒ Workplace conflict / psychological issues
- ❒ Unable to return to full pre-injury duties (job in jeopardy)
- ❒ Suitable (alternative) employment advice
- ❒ Fitness for duty (opinion or 2nd opinion)

REQUESTS

- ❒ Investigation / assessment
- ❒ Medical management
- ❒ Return to work plan management
- ❒ Employer liaison
- ❒ Work site assessment
- ❒ Other – details:

CLINICAL SUMMARY

❒ Summary attached

X ……..……. ……../……../……
Referring Doctor's Signature Date