

CERTIFICATE OF REFERRAL TO A MEDICAL PANEL

MedicalPanels SA



Claim No:

Office Use Only
MPSA Case No:

Referrer

WorkCover Agent
Self-insured Employer
Workers Compensation Tribunal

WCT Action Numbers

If the medical question(s) concerns proceedings pending in the Tribunal specify the WCT action numbers here:

1 WORKER'S DETAILS

Given name:

Family name:

Postal address:

Postcode:

Date of birth:

Phone:

Occupation:

Fax:

Email:

Mobile:

2 EMPLOYER'S DETAILS

Business Name:

Postal address:

Postcode:

Contact person:

Phone:

Job title:

Fax:

Email:

Mobile:

3 WORKCOVER AGENT'S DETAILS *(If Employer is self insured, leave this section blank)*

Business Name:

Postal address:

Postcode:

Contact person:

Phone:

Job title:

Fax:

Email:

Mobile:

4 REPRESENTATIVE'S DETAILS *(If the worker has representation complete this section)*

Business name:

Postal address:

Postcode:

Contact person:

Phone:

Job title:

Fax:

Internal reference:

Email:

Mobile:

5 DISABILITY DETAILS

Date of the disability in respect of which the medical question relates:

Description of the disability to which the claim for compensation relates:

Any other relevant details (eg. description of any prior claims; description of other compensable disabilities; description of any other conditions)

6 DETAILS OF MEDICAL QUESTION (S)

Write the medical question(s) in respect of which the opinion of a Medical Panel is sought. Please also indicate the relevant section(s) of the Act to which the medical question relates (eg. s98E (k)):

7 AGREED OR DISPUTED FACTS

Specify the facts or questions of fact relevant to the medical question(s) that have been agreed. If no facts are agreed please state below.

Specify any facts or questions of fact relevant to the medical question(s) that are in dispute.

8 ADDITIONAL INFORMATION *Refer Schedule of Attachments*

List all documents you have relating to the medical question(s) on the Schedule of Attachments annexed to this form. Four indexed and paginated copies of all listed documents should be provided in loose-leaf folders with the Certificate of Referral.

9 SPECIFIC NEEDS

Does the worker require an interpreter? Yes No

If yes, specify language:

Are there any special requirements that Medical Panels SA should consider in convening a medical panel in this case (eg. vision/hearing/access)? Please specify.

10 COMPOSITION OF MEDICAL PANEL

Specify the names and contact details of any medical expert(s) who have treated, seen or provided an opinion about the worker or their condition.

Optional:

Is the referrer aware of any conflicts of interest that might preclude a medical expert(s) from giving an opinion in respect of this matter?

Yes No

If yes, please provide names of practitioner(s) and specify what you contend is the conflict of interest.

AUTHORISATION *Authorised person must sign below*

Business name:

Postal address:

Postcode:

Contact person:

Phone:

Job title:

Fax:

Email:

Mobile:

Authorised Officer:

(print name)

Signature: _____

Date:

Please send the Certificate of Referral and attachments by courier or registered mail to:

Medical Panels SA

Level 1/ 44 Currie Street, Adelaide SA 5000

Postal address: GPO Box 464, Adelaide SA 5001

Phone: 8204 1530

Office Use Only

Date lodged:

Entered to computer by:

Date referral accepted:

Entered to computer by:



Worker's name

Claim No.

Office Use Only
MPSA Case No.

<u>Document number</u>	<u>Documents</u>	<u>Date</u> DD/MM/YY	<u>Pages</u>
	Notices and court documents eg. Worker's claim form, Determinations, Notices of dispute, Written Submissions		
	Radiological images and reports eg. (Name of Imaging Company) – X ray etc, Hospital – Nerve Conduction Test, (Name of Imaging Company) – MRI scan etc		
	Worker's medical reports eg. Dr Doctor – GP, Mr Surgeon – Orthopaedic Surgeon		
	Employer's medical reports eg. Mr Surgeon – Neurosurgeon, Dr Doctor – Psychiatrist		
	Occupational/Rehabilitation reports eg. Return to Work Plan, Vocational Assessment Report, Job Seeker Plan		
	Clinical records eg. Dr Doctor – GP – Medical Records, Mr Surgeon – Orthopaedic Surgeon – Medical Records, Hospital – Clinical Records		
	Surveillance eg. PI Investigations – surveillance report, PI Investigations – video XX minutes XX seconds		
	Other eg. Worker Payslips, Correspondence, Prescribed medical certificates		

Notes:

- list any documents relevant to this referral
- if more than one of the same type of document list each in chronological/date order