

Hospitalisation request

Patient details

1 Surname or family name

2 Given names

Title

3 Date of birth

4 Claim number

5 Date of request

Request for hospitalisation

6 Admit patient to

Hospital name

for days

7 Purpose for admission

8 Proposed admission date

9 Diagnosis of work related injury/ies

10 Item numbers likely to be used

11 Anticipated outcome of treatment

Overall clinical outcome intended from this admission

Earliest return to any work (i.e. including restricted or suitable duties) timeframe in weeks

Estimated time for a full recovery or maximum medical improvement after treatment in weeks

Post admission rehabilitation

12 Anticipated post admission rehabilitation

Treatment

- Physiotherapy
 Hand therapy
 Multidisciplinary program

Occupational rehabilitation

- Functional capacity evaluation
 Worksite assessment
 Suitable duties program

Vocational

- Vocational assessment
 Other (provide details)

13 I would like WorkCover Queensland to contact me after

to discuss these by:

- Letter
 Fax
 Telephone
 Visit

Medical practitioner details

 Signature

 Full name

 Practice

 Telephone Fax

WorkCover Queensland use only

- Approved.** Please confirm admission details with your patient and the hospital.
 Not approved or modification to request

Please note that payment for the completion of this form will be made in line with Q-COMP Medical Fees Schedules, item 100810 (Specialist) and 100297 (GP).

Payment for treatment will be made in line with the Q-COMP Medical Fees Schedules.

 WorkCover Queensland contact

 Telephone

 Email